



REPORT
ON THE
HEALTH AND SANITARY
CIRCUMSTANCES
OF THE
COUNTY BOROUGH OF NORTHAMPTON
FOR THE YEAR 1924.

By J. DOIG McCRINDLE,

Medical Officer of Health,
School Medical Officer, and
Chief Tuberculosis Officer.



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REPORT

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FOR THE YEAR 1924.

*To the Mayor, Aldermen, and Councillors of the County Borough
of Northampton.*

MR. MAYOR AND GENTLEMEN,

Very little seems called for by way of preface to the Report on the Health and Sanitary Circumstances of the County Borough of Northampton for the statistical year 1924, which I herewith present to you. The statistical year refers to the period of fifty-three weeks ended 3rd January, 1925. The report is again an "ordinary" one, to adopt the phraseology of the circular letter of the Ministry of Health of December, 1921.

In spite of the particularly cold and damp summer and autumn, of the poverty from the continued unemployment and the still high cost of living, and of the housing difficulties, the general health of the people, as judged by the vital statistics, remained fairly satisfactory.

The death-rate and the infant mortality, in contrast to that of England and Wales, London, and the groups of provincial towns have fallen below those of 1923. Unfortunately, there was a further drop in the already abnormally low birth-rate, which, for an active manufacturing town, is to be regretted.

One of the principal matters of interest in the year's health history was the occurrence of the expected epidemic of scarlatina, but this lasted so comparatively short a period and was characterised by so mild a type of the disease that it did not seriously influence the general health and well-being.

Unfortunately, there was a decided increase in the number of cases and of deaths from whooping cough, and but for this the death-rate from "zymotic diseases" would have fallen to an almost negligible figure. Smallpox, though still all around, again forebore to invade the community. The number of new cases of tuberculosis notified fell considerably, but there was a slight increase in the death-rate.

Although further progress was made with the municipal housing scheme and there was some improvement in the number of houses built by private enterprise, the provision of new dwellings was still too slow to keep pace with the needs of the people and the unsatisfactory housing conditions continue with little alleviation.

I again include reports submitted to me by the Assistant Medical Officers, Dr. Rowland and Dr. Shaw, on the details of their special work, while those of Dr. Mason, the Assistant School Medical Officer, and the School Dentist, Mr. Anderson, form part of my report on the School Medical Service, published separately.

I have again to thank my colleagues and the members of my staff for their loyal assistance.

And remain,

Your obedient Servant,

J. Douglass

PUBLIC HEALTH DEPARTMENT,

GUILDHALL, NORTHAMPTON,

JUNE, 1925.

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CHIEF FIGURES, 1924.

ESTIMATED POPULATION AT MID-YEAR, 1924	93,590
(from Registrar General)				
BIRTH-RATE	...	...	...	16.4
DEATH-RATE	...	...	...	11.1
INFANT MORTALITY	...	...	...	52.1
" ZYMOTIC DEATH-RATE "	...	...	...	0.30
DEATH-RATE FROM PULMONARY TUBERCULOSIS	...	...	...	0.98
DEATH-RATE FROM OTHER TUBERCULOUS DISEASES	...	...	...	0.12
TOTAL DEATH-RATE FROM TUBERCULOSIS	...	...	...	1.10

	MALES.	FEMALES.	TOTAL.
BIRTHS	811	723	1,534
DEATHS	532	504	1,036

AREA OF BOROUGH (in acres) ... 3,469

INHABITED HOUSES (Mid-year, 1924) ... 21,350

DENSITY OF POPULATION (Estimated Mid-year, 1924) :—

27.0 Persons per Acre ;

4.4 Persons per House.

RATEABLE VALUE (end of 1924) ... £458,362

YIELD OF ONE PENNY RATE ... £1,795

1.—NATURAL AND SOCIAL CONDITIONS.

Population

The estimated population is again given by the Registrar General up to the middle of the year 1924 and is stated to be 93,590. This is an increase on his estimate for the previous year of 360. From Table 1 the natural increase, which represents the excess of births over deaths, will be found to be 498. It will be noted that there is a discrepancy between the figures of the natural increase and those of the difference between the populations of the two years, as estimated by the Registrar General. This is probably due to emigration from the Town.

Births and Birth-rate

There were 1,534 births registered during the year, which is a smaller figure than that of 1923, and shews a reduction in the birth-rate from 17·8 to 16·4 per thousand; that for the whole country was 18·8. Northampton has for many years ranked as one of the industrial great towns with the lowest birth-rate. Fifty-six births were illegitimate, a number identical with that of the previous year, constituting 3·6 per cent. of the total.

Deaths and Death-rate

The number of deaths registered was 1,036, a rate of 11·1. This is 0·5 below that for 1923 and, with the exception of the rate for 1921, which was 10·4, is the lowest so far recorded.

The proportion of deaths in which there was no medical certificate of the cause was 6·8 per cent. ("inquests" 67, "uncertified" 3). Deaths of elderly persons (65 years and upwards) accounted for 42·9 per cent. of the total. 330 persons, including both residents and non-residents, died in various local institutions. This represents between a quarter and a third of the total deaths which occurred in the Town.

Social Conditions

In comparison with previous years there has been an improvement in the amount of unemployment. My information is derived from the usual reports of the Northampton Distress Committee and the Board of Guardians.

During the latter half of the year the weekly number employed by the Distress Committee was 331 in contrast with 427 in the same period of 1923. The reason for this was partly due, no doubt, to the absorption of unemployed in road reconstruction works on behalf of the Borough Council. It is estimated that about 350 men at some time or another were thus supplied with work, who would otherwise have been unemployed.

During the last week of the year the number of able-bodied men unemployed relieved by the Guardians was 124, on whom were dependent 59 women and 123 children, making a total of 306. It will be seen from the corresponding figure given in last year's report, viz. 481, that there is a considerable improvement.

In spite of these figures, however, the unemployment still in the Town has a serious effect on the general well-being of the population.

As in former years, references to housing conditions, infant mortality, and the effects of various diseases are made later in the sections of the report dealing with these matters. Other Statistics

II.—SANITARY CIRCUMSTANCES.

This subject has been referred to at considerable length in previous recent reports, especially in that of 1921, and as there is but slight variation in the conditions little further need be said on the matter. Water Supply

During the year, twelve samples were submitted for bacterioscopic examination and thirteen reports were presented in connection with these. In contrast to last year, most of the samples have been taken at the Reservoir rather than at the point of delivery. Generally speaking, the reports indicate that although the water at its source is undoubtedly contaminated to some extent, the processes through which it passes before being delivered to the consumer render it safe for drinking and domestic purposes. The same bacillus of the colon group is repeatedly mentioned as being present, but it does not appear to be the ordinary typical colon bacillus indicative of sewage contamination.

Samples from private wells were submitted for chemical analysis on two occasions. Although the water in both was not satisfactory, it could not be said to be polluted.

I have nothing to add to what is contained in my report for last year. The record of the drains tested and reconstructed is contained in the tables in the Appendix. The usual complaints were received during the hot weather of the foul odours from the sewers, but nothing further than periodic flushing was carried out. I have only, therefore, to refer to my previous report on this matter. Drainage and Sewerage

I regret to state that very little progress has been made in improving the condition of scavenging and our present methods still remain utterly inefficient. Not only are the methods of collection out-of-date but the means of refuse disposal are equally antiquated. Only a small portion of this refuse is dealt with at the Corporation Destructor, which is situated in one of the most populous districts in the Town and is a frequent cause of complaint. Most of it, however, is deposited in tips and no matter how much care is used these appear to be a source of nuisance to the surrounding inhabitants, both on account of the foul smells which they give off and because they constitute breeding places for flies and other vermin. Scavenging

Sanitary
Inspection

The work of sanitary inspection is again summarised in Tables 4, 5, and 6. Largely due to the increase in cost it is still difficult to get sanitary work done. In one or two instances it was necessary to prosecute. These will be referred to again in the section on Housing.

House
Inspection

There were 2,722 houses inspected for one purpose or another during the year. This is an increase of 475. 1,220 of these were found to require the further attention of the Department, with the result that 639 were repaired and 775 were cleansed and whitewashed and others were dealt with for various conditions, details of which are set out in Table 4. Altogether 695 statutory notices were served.

Rag Flock
Act, 1911

Under the terms of this Act, fifteen inquiries have been instituted by the Chief Sanitary Inspector about rag flock used for upholstering. On no occasion was it necessary to take action, as he was satisfied each time, by reference to printed invoices, etc., that the flock supplied had been guaranteed by the makers to meet the requirements of the Act as to cleanliness.

Common
Lodging
Houses

Mr. J. Walker, who continues to act as the Inspector of Common Lodging Houses, reports that the number on the register was again four and that these were regularly visited during the year. One of the visits was made during the night. The requirements of the Act have been duly carried out and the Bye-laws properly observed.

Canal Boats

Mr. B. Knowles is still the Inspector of Canal Boats and his report was submitted to the Ministry in the month of January as required by the Acts. Fourteen boats were inspected, registered to carry thirty-eight adults and six children, although twenty-five adults and eight children were actually in occupation. One boat was found to be travelling without a certificate. No cases of infectious diseases were notified and no legal proceedings were necessary. The number of boats on the register, all of which are known to be in use, is eight. There were no new registrations.

Offensive
Trades

The list of offensive trades kept under supervision now numbers eight. There was no evidence that these were not conducted in a satisfactory manner and no serious complaints were made to the Department. The requirements of the bye-laws governing the various trades have been properly carried out.

Premises
Controlled
by Bye-laws
etc.

These, other than the above-mentioned, are considered in the section on food, as they comprise cowsheds, milkshops, bake-houses, slaughterhouses, etc.

Compared to most manufacturing towns there is no serious pollution of the atmosphere in Northampton by dense black smoke, but now and again complaints, mostly justified, are received of this nuisance and of similar ones from the burning of leather chips or emission of leather dust. These complaints have been less numerous than in former years and it has not been necessary to take legal action. In order to obtain evidence fifteen observations of the premises complained of were required.

Smoke, etc.
Nuisances

The Medical Officer of Health is the School Medical Officer, being responsible for the whole administration of this sub-department on behalf of the Education Committee. It is impossible, however, for him to take part in any of the detailed work of inspection and treatment and this is done by the Assistant School Medical Officer, Dr. J. H. Mason, who is also Assistant Medical Officer of Health. There is also a School Dental Officer who devotes his whole time to the services of the Corporation. The co-ordination of this sub-department with the others (tuberculosis, maternity and child welfare, etc.) of the Public Health Department is obtained through the general administration of the Medical Officer of Health.

Schools

The annual report on the work done was printed separately from this volume and was presented to the Education Committee. In it the general sanitary condition of the schools is referred to as well as the effects on school attendance of the various outbreaks of infectious disease.

As mentioned previously, the Public Health Department is in constant touch with the schools and weekly returns of cases of suspected infectious disease are sent by the head teachers.

Two schools were closed just before the summer holiday in order to prevent the spread of measles. The circumstances in each were somewhat unusual as the occasion for school closure was immediately before the second crop of cases was expected, consequently this crop of cases occurred when the school was not in session and I believe in this way the further extension was effectively limited. It is not often, however, that one is able to use this measure so appropriately.

A quarterly report is prepared and presented by the School Medical Officer to the Primary Education Sub-committee.

III.—FOOD.

The sources of the Town's milk supply were described in my 1920 report, to which reference should be made for information, as little change occurs from year to year.

Milk
Supply

There were only two licences in operation under this Order during the year. One for the production and sale of "Pasteurised" milk was granted to the same firm as in 1923, and another company, which was authorised to sell "Grade A" milk in 1923, had this licence renewed.

Milk
(Special
Design-
ations)
Order,
1923

In order to encourage every effort to raise the standard of cleanliness in regard to the milk supply, the Maternity and Child Welfare Committee continued to obtain its "assisted milk supply" from this latter firm. Three samples were taken and tested bacteriologically in accordance with the conditions laid down in the Order. On each occasion the standard of "Grade A" milk was maintained, viz. :—

"Milk sold as "Grade A" milk shall be produced and treated under such conditions that on a sample being taken at any time before delivery to the consumer the milk shall be found to contain :—

- (a) not more than 200,000 bacteria per cubic centimetre ; and
- (b) no coliform bacillus in one-hundredth of a cubic centimetre."

Dairies,
Cowsheds,
and
Milkshops

The inspection and supervision of these is entrusted to the district sanitary inspectors. The names of 211 milksellers, including four selling wholesale, and eighteen cowkeepers were on the registers at the close of the year. Visits to their premises numbered 245, at which thirteen infringements of the bye-laws and regulations or other defects were found ; these were promptly remedied when pointed out. It was quite unnecessary to take any legal proceedings. Twenty-three new certificates of registration were issued, but this does not indicate always that a new business was started or a new milkseller registered, as about half of these were either transfers or re-registrations ; in the former instance an established business merely changed hands, in the latter a milkseller already registered transferred his business to other premises.

Milk and
Cream
Regu-
lations,
1912 and
1917

For the record of the work done under these Regulations the Ministry has issued a special form of report, and what follows is set out as suggested. There is little difference in this report from that of preceding years :—

I.—Milk ; and Cream not sold as Preserved Cream.

	Number of Samples examined for the presence of a Preservative.	Number in which Preservative was reported to be present, and percentage of Preservative found in each Sample.
Milk Cream	148 11	1* nil.

*The sample contained 0.03 per cent. of boric acid. (See remarks on page 13).

2.—*Cream sold as Preserved Cream.*

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made	6
(ii) Statements incorrect	0

Total	6
-------------	---

(iii) Percentage of Preservative found in each Sample.	Percentage stated on Statutory label.
--	---------------------------------------

0·34 per cent.	Labelled not
0·34 per cent.	to contain
0·25 per cent.	more than 0·4
0·10 per cent.	per cent.
0·087 per cent.	
nil.	

(b) Determinations made of milk-fat in cream sold as preserved cream.

(i) Above 35 per cent.	6
(ii) Below 35 per cent.	0

Total	6
-------------	---

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed nil.

(d) Particulars of each case in which the Regulations have not been complied with and action taken nil.

3.—*Thickening Substances.*

Any evidence of their addition to cream or to preserved cream. Action taken where found nil.

4.—*Other Observations, if any* nil.

Inspector J. Brown is specially appointed as Food Inspector and two of the other district inspectors, who are qualified by certificate for this work, assist him, the whole being carried out under the supervision of the Chief Sanitary Inspector.

Meat and
Food
Inspection

I have to mention that in the month of February a case of anthrax occurred at the Cattlemarket. A heifer, which had been brought in from a farm at Ecton along with three others, was sold by auction, and immediately after, before it could be removed, the animal collapsed. It was bled on the spot and removed to the Cattlemarket slaughterhouse. As anthrax was suspected it was examined and the B. Anthracis found. The other cattle which were brought in with it were examined after

slaughter, but no evidence of anthrax was found in them. The police destroyed the carcase and the Cattlemarket pens and slaughterhouse were disinfected.

Slaughter-houses

There were still fifty-four private slaughterhouses on the register. 4,155 visits were paid to these during the year, all, except 187, whilst slaughter was in progress. The latter comprised chiefly visits by the district inspectors for the purpose of ascertaining if the terms of the bye-laws were observed, particularly in regard to periodic cleansing and whitewashing. One hundred and fifteen infringements of the bye-laws (chiefly failure to whitewash at the proper time) were reported.

No further progress was made towards the provision of a public abattoir and the difficulties previously mentioned in safeguarding the meat supply still continued.

The question of mechanical methods of slaughter was again before the Council in December, but the previous decision (March, 1924) was re-affirmed and no steps have been taken officially to endeavour to introduce the newer methods. (See also pages 12 and 13, Annual Report for 1923).

Disease in Meat

Tuberculosis continues to be the chief disease found in meat and Table 7 sets forth the numbers of carcasses dealt with shewing separately those affected with this disease, which included no less than 64·4 per cent. of whole and 83·7 per cent. of part carcasses of beef and pork condemned.

Appendix III. contains the usual tables summarising the meat and other food condemned.

Section 117 of the Public Health Act, 1875

Four times meat was dealt with by a magistrate on the application of an inspector, but on only two occasions did the Public Health Committee consider it advisable to prosecute. These are summarised in Table 8.

In the first the case was dismissed on a technical point in regard to the exact time of seizure. The meat was seen by an inspector who, however, omitted to seize it immediately, which gave an opportunity for the butcher to put in a plausible plea that he was sending to the Public Health Department to have the meat examined.

In the second instance a farmer had sent to one of the butchers in the Town the carcase of a sheep which was diseased. This was seized by the inspector as it was being delivered. A fine of £20 was inflicted.

Bakehouses

One hundred and eight of these premises were in use when the year closed. The supervision of these necessitated 257 visits, when forty-nine infringements were discovered and remedied within a reasonable time.

There were 1,199 visits of inspection to premises where cooked and potted meats, meat pies, jams, sweets, and other foods are manufactured, stored, or exposed for sale. Seventeen occasions of nuisances or other matters requiring attention were reported, mostly a question of periodic cleansing. These were successfully dealt with by the Department.

Other
Premises
dealing
with Food

Included in these were twenty-six visits made to premises registered for the purpose of wholesale dealing in margarine. There were twenty-four of these on the list, one having been added during the year.

The above total also included eighty-nine visits to places where ice cream is made.

There was no outbreak of food poisoning during the year nor were any complaints received alleging such.

Food
Poisoning

There were 269 samples sent to the Public Analyst under the terms of the Sale of Food and Drugs Acts, of which sixty-four (23·8 per cent.) were obtained without the official formal procedure. Of the total number, the Analyst reported twenty as not genuine. The informal samples were again taken as a means of affording information before actually taking official action and, therefore, no legal proceedings could be instituted as a result. Table 12 deals with the work under the Sale of Food and Drugs Acts and is arranged so as to shew both the official and informal samples and the result of their analysis. The proportion of samples not genuine was 7·4 per cent. This figure may be taken as the lowest for the last twenty-five years, at least, and is probably a record in this respect. As milk is the chief article of food found not to be genuine and as it forms the principal article of diet in daily consumption, it is the one which is oftenest subjected to examination. It is pleasing, therefore, to record that the improvement in the result of food analysis is due to the higher percentage of milk returned as genuine, and especially satisfactory in view of the statement made in last year's report that a large part of our effort is concentrated in watching this food. The only other adulterations were of minor importance and were in connection with informal samples.

Sale of
Food and
Drugs
Acts

The action taken in regard to the sixteen samples of milk reported on as not genuine was as follows:—thirteen vendors were warned, the extent of the adulterations being considered by the Executive Committee of the Public Health Committee not to justify severer action; in one case the adulteration was that of added preservative (boric acid) and as this was taken just before the close of the year it was not possible to deal with it fully until the early part of 1925. Further samples were then taken, the presence of boric acid still proved, but the explanation of the vendor to the Committee was considered sufficiently satisfactory to warrant no further proceedings. This explanation consisted in

his blaming the use of boric acid solution for cleansing his utensils. The other two samples not genuine, which were from the same farmer, led to a summons which was dismissed, the plea being sustained that the milk was sold as it was obtained from the cow, the usual plea on which most of our prosecutions break down.

IV.—PREVALENCE OF AND CONTROL OVER COMMUNICABLE DISEASES.

“ Zymotic
Death-
rate ”

Deaths from the so-called “ zymotic diseases ” numbered twenty-eight, which gave a “ zymotic death-rate ” of 0·30. This was practically the same as in the previous year and was well below the average of the last ten years (0·73). It may be considered, therefore, as satisfactory, particularly in view of the increased number of cases of scarlatina notified, and would have been very much better but for the thirteen deaths from whooping cough referred to in the succeeding paragraph. (*See* Tables 13 and 14).

Measles,
Rubella,
and
Whooping
Cough

There was again comparatively little measles and rubella, but the number of cases of suspected whooping cough reported by the head teachers of the public elementary schools reached 510 and there was a record of thirteen deaths from this disease. To this latter circumstance is due the fact that the “ zymotic death-rate,” which otherwise would have been a phenomenally low one, remained at a somewhat similar level to 1923. It is characteristic of these, as of most of our infectious diseases, that they recur periodically, in the case of whooping cough as a rule every two or three years, and it is now two years since this disease was prevalent. The majority of the deaths occurred in the last half of the year. It is interesting to compare the following death-rates :—

DEATH-RATES.		NORTHAMPTON. ENGLAND AND WALES.	
Measles	0·01		0·12
Whooping Cough	0·14		0·10

Diarrhœa
and
Enteritis

This subject is dealt with in the Report of the Assistant Medical Officer on Maternity and Child Welfare, which forms Appendix II. There were only four deaths, all of which were in infants, and the death-rate per thousand births registered was 2·6, contrasted with 7·3 for England and Wales. It should be a source of great satisfaction to those who remember the sinister effect of this group of diseases on infant mortality and welfare generally to note how rapidly and completely their influence has been effectively combated.

Influenza

Influenza was again prevalent during the early part of the year. Although no such alarming outbreaks as those experienced since the end of the war but previous to 1923 occurred, there were thirty-six deaths attributed directly or indirectly either to

this disease or to one or other of its complications. Of those, thirty-one occurred in the first four months of the year. The chief complication associated as a cause of death was pneumonia and there was a list of nineteen deaths classified to this latter.

Omitting from the list three deaths where the influenzal condition did not appear to have been the primary cause of death, the Northampton death-rate was 0.35, an increase on the rate for the previous year (0.20) but well below that for the whole country in 1924, which was 0.49.

Of this disease, fifty-four cases were notified, most of them of a mild evanescent character. Again two deaths occurred ; one was complicated with an attack of septic pneumonia. The rates of attack for Northampton and the whole country were 0.58 and 0.33 respectively.

There was only one case of cerebro-spinal fever notified during the year, in a child five years of age, who died the day previous to the receipt of notification. From the history the child would appear to have been ill for only three days, the onset being sudden with convulsions and delirium, but the symptoms as ascertained seem to have been both vague and contradictory. No lumbar puncture was done. The source of infection could not be discovered and no spread of the disease took place.

Cerebro-spinal Fever, etc.

We had seven notifications of acute anterior poliomyelitis and in addition the death of another case was registered in which no notification was received. One of those notified occurred at the General Hospital and referred to a patient brought in from the County for treatment and hence is not included in the figures for the Town. There was no localisation of the disease, nor could any connection be traced between any of the cases. Four were in males and three in females and there were three deaths. The home was visited in each instance and inquiries made and precautions advised, but none of the contacts developed the disease subsequently.

In addition, one case was notified as acute polio-encephalitis, although the notification did not reach the Department until the day after the patient died. It was that of a man who had been wounded in the head during the war. He appears to have been ill for two days only, with symptoms of headache, vomiting, and drowsiness. In an interview with the medical practitioner in attendance it was stated that the diagnosis was extremely doubtful and no bacteriological examination was made.

Two cases of encephalitis lethargica, known popularly as "sleepy sickness," were notified. Both, however, were County cases admitted to the General Hospital and no investigation was made. In the first, at least, I understand the diagnosis was confirmed in the laboratory. The particular local authorities concerned were notified.

Malaria

There were four notifications. In each instance the disease had been contracted abroad and the notification was merely in reference to a temporary recrudescence.

Enterica

Included in this term are those cases of typhoid fever and paratyphoid fever A and B which were notified during the year. Of these there were seven, five notified as typhoid fever and the other two as paratyphoid B. One of the latter was a County case admitted to the General Hospital.

Of the typhoid fever cases, two were treated in the General Hospital, one of which died, and of the three treated at home one died before the receipt of notification. Efforts to trace any connection between them were in vain. There were reports of bacteriological examination in six, and in one of these the evidence was not conclusive.

In addition to these, one death occurred in the County Asylum of a Northampton woman and intimation was received of the death within the Borough of a case of typhoid fever in a resident outside the Town. For the attack and death-rates and for the fatality due to this group of diseases, reference should be made to Table 16.

Smallpox
and
Vaccinia

Outbreaks of smallpox of the so-called "American" type continued throughout the country as in 1923. The numbers, however, materially increased, and I can only consider it a piece of remarkably good fortune that we escaped contamination. Altogether in the country there is a record of 3,792 cases. They were spread over twenty-eight counties or other administrative areas in England and Wales and there appear to have been thirteen deaths. Although this fatality (0.34) is a very slight one, exceptionally so for this disease, it is the belief of most experienced epidemiologists that the continuance of this mild character is not to be relied upon. The mildness of the disease, although fortunate in one respect, adds greatly to the anxiety of those whose duty it is to endeavour to protect the community, as it renders extremely difficult the recognition particularly of the earlier cases on which so much depends in a comparatively unvaccinated population like that of Northampton.

In regard to vaccination, I have to refer to the figures in Table 17, and have once again to thank the County Medical Officer of Health, Mr. C. E. Paget, for information from which this table has been constructed. The vaccinal condition of this community, it will be seen, has gradually reached a point at which it will be of very little assistance in preventing the rapid dissemination of smallpox once it is introduced. It is fortunate that we have accommodation for isolating smallpox at the hospital near Hardingstone, ready at a few hours' notice but at best a poor inefficient substitute for a well vaccinated and re-vaccinated population. It is fervently to be hoped its efficiency may not be too severely tested.

This disease was made notifiable with the concurrence of the Minister of Health in July, 1923, in the first instance for six months, but in the beginning of the present year (1924) the period was extended for a further six months, ending on the 16th of July. During the present year, therefore, there was a period of rather more than six months during which chickenpox was compulsorily notifiable and in this time 368 notifications were received, 181 of males and 187 of females. All these except twenty-five (93·2 per cent.) were under ten years of age, the greatest number occurring in the age-group one to five years. This is in accordance with experience generally. It must still be noted that many are of such a mild and evanescent character that the presence of the disease is often overlooked, even by the parents, and when suspected is not considered sufficiently serious to warrant the seeking of medical advice. This occurs, unfortunately, in the very districts in which the disease is often most prevalent and in which the least precaution against its spread is observed; consequently, the value of notification as a protection against smallpox is very much diminished. Although the notifications indicated the presence of the disease in every one of the twelve wards of the Borough, their numbers in reference to particular wards varied so greatly that it was obvious that such notification was of comparatively little value as an aid to immediate preventive measures. Thus, while seventy-two cases were notified in the Castle Ward, only five came from St. Michael's and nine from St. James'.

The principal reason for making the disease notifiable is to minimise the chance of mild cases of smallpox escaping observation, but I have never been convinced, largely for the aforesaid reasons, that its value for such a purpose is very great. The action taken by the Council, however, had the effect of concentrating public attention on the imminence of smallpox and on the difficulty of its recognition and some importance must be placed on this.

Of the 368 cases notified, 268 were apparently the first in a household, the remaining hundred being secondary to a case which, in a good number of instances, had not been previously recognised. From what we know of the great infectivity of the disease, there ought, of course, to have been far more secondary cases. Amongst the 268 primary cases, investigations were made in 256 (126 male, 130 female) and again opportunity was taken to discover as far as possible the vaccinal condition of the members of each household, keeping in mind that the primary object of notification is the prevention of the spread of smallpox. In the households in which these 256 cases occurred there were 1,453 inmates. 633 (43·6 per cent.) were stated to have been vaccinated primarily either in infancy or later; 792 (54·5 per cent.) were said to be unvaccinated; in twenty-eight (1·9 per cent.) information was not obtainable; while revaccination was admitted in 123 (8·5 per cent.). The latter were mainly those who had served in the

late war. Allowing for a certain degree of inaccuracy in these data, some indication is given of the present condition as regards vaccination. It was again noticeable that most of the vaccinated were amongst the older members of the family. (See Table 17 on vaccination, in the Appendix).

Scarlatina

The year 1924 was characterised, so far as this disease was concerned, by the occurrence of the long expected epidemic wave. This has been called attention to in nearly all my previous reports in recent years. Like most epidemic diseases, the history of scarlatina shews that it attacks communities with renewed vigour periodically and there are at intervals waves of increased prevalence separated by periods of more or less quiescence. Roughly speaking, the years between the periods of maximum prevalence average four to five. I have prepared a table (No. 18) which shews the incidence of the disease in each year since 1889. It will be seen from this that the last of these epidemic waves occurred in 1915, when the case-rate per thousand of the population was 7.54. In comparison with previous epidemics this was not a serious one as regards its size and we have to go back to 1908-1909 for a really well-marked outbreak. In the intervals between these outbreaks there has been comparatively little scarlatina in the Town and the number of susceptible persons (*i.e.*, persons unprotected by a previous attack of the disease) since the last epidemic must have markedly increased. I have been looking, therefore, for another epidemic at least since 1920 (*see* page 19, Annual Report for 1922). For the last two years there has been a progressive increase in the number of cases, although there has been nothing in the nature of an epidemic wave. In 1924, however, this came upon us rather suddenly. During the first six months the numbers were comparatively small, but since the early part of July there was a change. Table 19 shews the incidence of the disease during each month of the year under consideration.

There were originally 1,058 notifications, but two of these were withdrawn by the medical practitioners in attendance, which gave a nett number of 1,056. On the whole the type was mild and in many instances the diagnosis was not easy to arrive at. The result was that after further observation forty-seven were excluded as the diagnosis was not confirmed and there were eleven others notified from the General Hospital which concerned patients sent in from outside areas. The nett number, therefore, of presumably genuine Town cases was 998. Of these, 427 were amongst males and 571 amongst females, a ratio of about one hundred and thirty-four females to every one hundred males.

There was no evidence of any particular focus from which the disease had its origin and, as has been the case in the last few years, it was well distributed over the Town. It has been my experience that more cases occur in the outer or suburban districts than in the older and central wards, but this was not so during the

present epidemic. This may be seen by reference to Table B. In the five outlying wards, viz. : Abington, Delapre, Kingsley, Kingsthorpe, and St. James', only 37·6 per cent. of the genuine cases occurred and over a third of these were in one ward (St. James'.) Another noticeable feature was the age incidence. Amongst the genuine Northampton cases the average age was about eleven years and there was a much larger proportion than usual, in my experience, of young adolescents just over school age. This feature was consistent throughout the whole of the year. Table 20 gives a statement for comparison of the number of children under five and fifteen years respectively notified in the present year and in the previous twenty. There may be some interest in the fact that while the expected periodic recrudescence of the disease has been postponed for four years, the average age of the cases has been increased by a somewhat similar period. In the vicennium 1904-1923, a proportion of 12·2 per cent. of the notified cases was over fifteen years old, while in 1924 this proportion rose to 23·3 per cent., nearly double the former figure.

There were 998 presumably genuine Northampton cases, twenty-four of which were in institutions, and the remaining 974 in households in the Town. The number of separate households affected was 790, which gave an average of 1·2 cases per house. In 655 the disease did not spread beyond the original case (about eighty-three per cent.). Several facts should be kept in mind when considering the purport of this statement. First, there must have been an unusually large proportion of susceptible material (*i.e.*, persons unprotected by a previous attack) liable to infection on account of the comparative insignificance of the last epidemic in 1915 and the unusually long interval between it and the present. In the second place, the abnormally mild type of the disease led to the failure to recognise many of the cases in the earlier stages and delayed the adoption of the simplest precautionary measures, and thirdly, the inability to satisfy the demand for removal to hospital left a greater proportion of the cases without what has hitherto been considered efficient isolation. For this and other reasons, such as the housing shortage with the consequent difficulty of preventing and remedying overcrowding, it was expected that the spread of the disease amongst the members of households would be greatly facilitated and yet in only 135 (about seventeen per cent.) of these households did this actually take place and in ninety-four of these (69·6 per cent.) only one secondary case occurred.

This may be expressed in another way. In these 790 households after the notification of the first case there were left 3,222 susceptible contacts over a year old. Of these, only 184 apparently were infected (about 5·7 per cent.). As, however, scarlatina is specially a disease of childhood, it may be more just to consider the position in relation to children only. Amongst the above-mentioned susceptible contacts left after the first case there were 1,007 children over a year but under fifteen years old.

Of these, 153 (or a little over fifteen per cent.) developed the disease, while in 655 households with 2,507 susceptible contacts, 742 of which were children, after the notification of the primary case not one second case occurred.

Some attempt has been made to shew in this way the effect of the removal to hospital of the primary case on the spread of the disease within the home and Table 22 has been prepared from information obtained at the visit of the inspectors. From this it will be seen that 6.18 per cent. of the susceptible contacts developed the disease in those instances where home isolation was attempted and 5.35 per cent. where the primary case went to hospital, a difference of less than one per cent. The difference, however, is more marked if consideration is limited to susceptible children, 19.35 per cent. of whom were infected when the case was kept at home and only 12.81 when it was removed to hospital, a difference of between six and seven per cent. The figures in the table also indicate, as one would expect, that the home accommodation in the cases where hospital isolation was effected was not so good as in that where there was no removal, but the difference is not very noticeable.

The investigations which enabled the table to be prepared, however, have not yet been completed and there are still special circumstances to be studied in connection with individual cases which, I believe, will modify the deductions which it at present suggests and the final figures of a table like this may differ from those in its present provisional form. It gives, however, indications which I consider of sufficient value to justify its inclusion even now.

One class of secondary case of considerable interest to the public generally as well as to epidemiologists may be mentioned here, especially as in spite of many efforts it seems impossible to eliminate in the present state of our knowledge. This is the "return case." In this series of reports the following definition of "return case" has been adopted, viz.:—All new cases of scarlatina that have occurred in the same house within a period of not less than twenty-four hours and not more than twenty-eight days after the return of a previous patient from hospital, or the release from isolation of a previous case in the home, have been counted as "return cases." For the sake of ease of reference, the new case arising from this possible connection is designated the "return case," while the previous case is called the "infecting case." These terms, however, are applied here quite independently of the reality or otherwise of any causal relationship. The "return cases" investigated are those the treatment of which was completed during 1924. There is probably no scientific reason for placing any limit on the period during which a "return case" may occur, but it was considered desirable to fix some arbitrary limit in the first place for practical considerations and so far this has been adhered to for comparative purposes.

During 1924, "return cases" occurred in nineteen households, a proportion of 2·4 per cent. of those affected. Amongst the 372 from which the primary case was removed to hospital "return cases" occurred in eleven (2·9 per cent.) and in the 418 in which the first case was isolated at home in eight (1·9 per cent.). These involved the discharge from isolation of twenty-three cases (twelve from the hospital and eleven from the home) and accounted for the infection of twenty-three "return cases" (fourteen in connection with the hospital and nine with the home). This latter figure (twenty-three) constitutes 2·3 per cent. of the genuine cases notified. The average interval elapsing between the discharge from isolation of the "infecting cases" and the onset of symptoms in the "return cases" was in regard to the hospital 13·7 days and in the home cases 10·0 days. The circumstances in every instance were carefully inquired into and the details noted and kept for reference, but no information throwing new light on the subject has so far emerged and the difficulty of definitely connecting as cause and effect the two classes of case still remains.

Scarlatina is a disease which is specially prevalent amongst the younger children of school age and its presence in epidemic form is particularly evident in the infants' departments of our public elementary schools. The segregation in the schools of this section of the population most affected has generally a considerable influence in the spread, but in 1924, owing to the somewhat unusual age distribution already referred to, the influence of the schools was much diminished. Of the 1,056 cases originally notified, only 592 referred to children in school attendance (about fifty-six per cent.) while not much more than a third of these (225) were in infants' departments. This last figure represents only 21·3 per cent. of the notified cases. There was at no time any localised school outbreak such as is referred to in the report for 1923 and in no case could it be said that the schools had any undue share in introducing into or maintaining the disease in any district.

There was no evidence that the extension in any part of the Town had been aided through the agency of milk, though strict inquiries were always made in regard to the source of the household supply. Special precautions were taken to secure prompt and effective isolation in households the members of which were even remotely connected with the milk business.

There were only six deaths registered, the same number as in 1923, and the death-rate (0·06) was also the same. In view, however, of the greatly increased number of cases notified these figures serve to emphasise what has already been stated in regard to the mildness of the type. The fatality was only 0·6 compared to 1·5 in the previous year. For comparison with other years reference is suggested to Table 18. One other death occurred amongst the notified cases, but as this patient was on further observation found not to be suffering from scarlatina but from broncho-pneumonia the death was due to this latter condition.

Owing to the sudden increase in the number of cases at the beginning of the epidemic the Isolation Hospital, which for the past fifteen years has been able to accommodate all in which hospital isolation was considered necessary, was soon taxed to its utmost and admission had to be refused or postponed in some cases which otherwise would have been admitted immediately. It was thought by some that because of this failure to isolate in hospital the epidemic would extend and its duration would be prolonged. Instead of this it came to an end in the beginning of 1925 as suddenly as it began after lasting not more than six months, during which there were only nineteen weeks in which the number of notified cases exceeded twenty and without having exhausted anything like the whole of the susceptible material available. Its operation was thus shorter than any of the previous half-dozen epidemics and the number of persons attacked is exceeded in at least four of these. It is possible, of course, that we may not have reached the true termination of the outbreak and that 1925 may witness a recrudescence such as occurred in 1898 and 1909, but so far there is little indication of this.

It seems to me that there is something to be learned from our recent experience. In the first place, the type appears to have completely changed (it may be only temporary) from what it was twenty years ago and from being one of the most dangerous of communicable diseases, scarlatina has become one of the least. At the same time the infectivity seems also to have declined, so that the former rigid rules in regard to isolation of the sick seem to be unnecessary. Of course, there will always be homes in which no degree of isolation whatever can possibly be obtained and it will be desirable that such should be isolated in hospital, but with a lowered infectivity it should be possible to efficiently isolate the majority when once the presence of the disease is established. There is no doubt that the role of the isolation hospital in the prevention of the spread of scarlatina of the present type seems to be much less important than it was believed to be in the days when scarlatina was much more deadly and apparently more easily spread.

Before leaving the subject of the epidemic of scarlatina, I wish to call attention to the great advantage it has been for the Town to possess motor vehicles for transport, which I mentioned had been acquired in my report of the previous year. The work of removal to hospital and of removal of the infected articles to and from the Disinfecting Station was extremely difficult. I am convinced it would have been quite impossible in anything like reasonable time without the aid of the new means of transport.

Diphtheria

There were eighty-seven notifications of diphtheria, a similar number to that of 1923. In the report for that year I called attention to the contrast between the numbers then and those of several years previously, when the disease had been distinctly more prevalent. The attack-rate in Northampton was 0.93 per

thousand and in England and Wales 1.07. Of the cases notified, however, further observation proved that six were not real diphtheria and amongst the others one was found to relate to a patient living outside the Town, who had been sent in for treatment to the General Hospital and is not included in the nett local figures. The presumably true Northampton cases, therefore, numbered eighty, six more than in 1923.

Thirty-six of these were amongst males and forty-four amongst females and the age constitution is set out in Table 24. They came from every ward in the Town, but the greatest numbers were notified from St. Crispin's and St. Edmund's. There was no serious incidence in any of the public elementary schools. Amongst the cases originally notified there were two deaths, but one of these was that of the patient referred to above who was sent in from the County, and therefore is not included amongst the deaths of Northampton patients, which really numbered only one. In this instance the child died before the receipt of notification. The death-rate of 0.01 compared favourably with that for England and Wales which was 0.06. Reference should be made to the statistical tables in the Appendix for further information (*see* Tables 23, 24, and B.).

One hundred and eighty doses (456,000 units) of antitoxin for curative or preventive treatment were issued without charge to medical practitioners by the Public Health Department on application, at a cost of approximately £41. The above, of course, does not include the antitoxin used in the Borough Hospital. I would again refer in this connection, though I have no desire to unduly stress the matter, to the suggestion made in my 1922 report (page 20) anent contributions from private and national health insurance funds towards this cost which so far has been borne by the ratepayer.

In only three of the eighty-seven notified cases is there no record of bacteriological examination; eighty were examined before notification and four only after admission to hospital. The result was positive in seventy-nine and negative in five. One of these latter was treated at home and no further bacteriological examinations were made. In two others which were admitted to hospital the subsequent records were also negative and they proved not to be genuine diphtheria. Another was found to be a case of scarlatina and not diphtheria and the fifth, both clinically and bacteriologically, proved to be a true case of diphtheria. These figures shew that the custom of obtaining corroborative evidence at the laboratory is well established in Northampton and from the fact that nearly all were examined before a diagnosis was made additional evidence is afforded that the disease was of such a mild character as frequently to make a diagnosis on clinical evidence alone very doubtful. The total number of secretions of the throat and nose submitted for bacteriological examination was 836 (*see* Table 26). This included 367 from cases or suspected cases in the Borough Hospital. The whole of the above was carried out on behalf of the Department at the Pathological Laboratory at the General Hospital.

There are three such institutions under the direct control of the Department.

SMALLPOX HOSPITAL, HARDINGSTONE. This was again kept in readiness for the immediate admission of smallpox. The Matron of the Harborough Road Hospital has the care of the institution when not occupied and makes arrangements for its being kept clean and in readiness. With cases of smallpox occurring daily at no great distance from the Town, this is a matter of extreme importance.

WELFORD ROAD TUBERCULOSIS HOSPITAL. This is in the immediate charge of the Tuberculosis Officer under the general administrative supervision of the Medical Officer of Health and is intended for the isolation, observation, and education of tuberculosis cases. The work of this hospital is referred to in Dr. Rowland's report (Appendix I.).

HARBOROUGH ROAD INFECTIOUS DISEASES HOSPITAL. This institution is more directly in the care of the Medical Officer of Health, who is Medical Superintendent. The usual statistics are given in Table 25. Owing to the epidemic character of scarlatina during the latter part of the year the resources of this institution were taxed to their utmost to accommodate cases of this disease and to make adequate provision for the necessarily augmented staff.

Scarlatina. There were 458 genuine cases of scarlatina which completed their period of treatment within the year and were discharged after an average stay in hospital of 44·2 days. Four deaths occurred amongst the genuine cases, after an average period in hospital of thirty-five days.

The type of the disease was on the whole fairly mild with individual exceptions and during the worst period of the epidemic many were of so mild a character as to cause great doubt and difficulty in diagnosis. The following were the chief complications recorded amongst the genuine cases which finished their period of isolation:—inflammation of the glands of the neck resulting from sore throat twenty-eight (6·1 per cent.), otorrhœa twenty (4·4 per cent.), albuminuria fourteen, nephritis six, glandular abscess six, secondary sore throat five, and mastoid abscess two. There is no instance of a second attack being recorded, any cases which developed the disease after admission being primary in patients whose notification was the result of mistakes in diagnosis. During the year there were two cases of chickenpox and one of diphtheria amongst these scarlatina patients.

Diphtheria. Only thirty-four genuine cases were discharged after completing their period of isolation during 1924, and the average stay in hospital of these was 48·7 days. There were no deaths. On the whole the type of diphtheria was mild and there were no complications of importance.

Enterica. No cases of this disease were admitted during the year, but one admitted in the previous year remained for the first few days of 1924 and was discharged after a stay in hospital of thirty-three days. The case was a mild one with somewhat indefinite symptoms, nor was the result of bacteriological examination quite conclusive.

“*Return Cases.*” The reference to “return cases” is included in the section of this report under the heading “scarlatina,” page 20.

(1) NOTIFICATION. (See Table B.). Cases of pneumonia and broncho-pneumonia are compulsorily notifiable which are primary only and such as follow in the course of influenza. This excludes pneumonia and especially broncho-pneumonia which is so frequently a complication of the children’s diseases measles and whooping cough. There were 428 notifications, to which in the statement below is added twenty-six in which death occurred from primary or post-influenzal pneumonia without previous notification. The latter number included three deaths which occurred outside the area of the Town but of Northampton residents :—

	MALES.	FEMALES.	TOTAL.
Number of Notified Cases ...	261	167	428
Deaths of Non-notified Cases	15	11	26
Totals	276	178	454

The average age of this total number was 24·8 years, 25·2 for males and 24·2 for females. The majority—about seventy-seven per cent.—occurred during the first half of the year when influenza was prevalent and the wards chiefly affected were Castle, North, and St. James’. There were ninety-eight deaths—sixty-four males and thirty-four females—which indicates a fatality amongst the cases above-noted of 21·6 per cent. The most fatal age-group in both sexes was 45–65 years.

Although pneumonia is included amongst the diseases thought to be communicated by personal contact, it was not often that evidence of its spread in households was procurable. Four hundred and two primary outbreaks were investigated; forty-eight were stated to be post-influenzal. In these households there were 1,924 contacts, but only sixteen possible secondary cases were found. These sixteen occurred in twelve households and in nine out of these the notification was marked “broncho-pneumonia.” In one or two instances the onset was practically simultaneous in the primary and secondary case. At most, therefore, we have a record of less than 0·9 per cent. of the contacts developing the disease.

(2) DEATHS REGISTERED. These are classified in age-groups in Table C. This group differs from that of the case deaths, as it includes some from pneumonia not primary or

post-influenzal and excludes those cases of pneumonia in which death was registered as due eventually to some other condition. The usual tabulation is given below for comparison :—

	MALES.	FEMALES.	TOTAL.
Pneumonia (or Lobar Pneumonia)	42	21	63
Influenzal Pneumonia	12	7	19
Broncho-pneumonia	8	9	17
Totals	62	37	99

Puerperal Fever

Puerperal fever is more aptly included in the section on Maternity and Child Welfare, to which reference should be made, and more especially to the report of the Assistant Medical Officer, Dr. Shaw.

There were eleven cases, which gave a case-rate of 0·12 per thousand, exactly double that of England and Wales, and there were five deaths, which indicated a death-rate of 0·05 and a fatality of 41·7. In addition, two cases from the County not notified died in the General Hospital.

Ophthalmia Neon- atorum

This also forms part of the report on maternity and child welfare.

Venereal Diseases

Ninety-seven persons belonging to the County Borough of Northampton commenced treatment for the first time as out-patients at the Special Clinic at the General Hospital. These are tabulated thus :—

CONDITION.	MALES.	FEMALES.	TOTAL.
Syphilis	25	19	44
Soft Chancre	1	—	1
Gonorrhœa	36	5	41
Other than Venereal	9	2	11
Totals	71	26	97

These numbers correspond fairly closely with those of the preceding year and are in somewhat marked contrast to those of the years immediately following the war. I think it will be accepted generally that this decline represented a genuine falling off in prevalence of the diseases themselves, though some portion of it might be the result of patients not presenting themselves for treatment so readily as formerly.

From the records it would appear that twenty-four were discharged without undergoing the full course of treatment thought necessary to shew proof of cure. This figure, I am glad to say, is an improvement on that of the previous year, which in

turn was better than its predecessors. Only eleven who began treatment failed to persevere until they were shewn to be cured, which leaves the greater number still patients at the end of the year. Those eleven are classified as follows:—

CONDITION.	MALES.	FEMALES.	TOTAL.
Syphilis	4	2	6
Gonorrhœa	3	2	5
Totals	7	4	11

The total attendances at the out-patient clinic were 3,221 and during the year 313 days were spent in hospital by in-patients. In the treatment of syphilis, 842 doses of one or other of the recognised arsenobenzol compounds were given. The approved substitutes for salvarsan (arsenobenzol compounds) employed were novarsenobillon in doses ranging from 0.34 to 0.75 gm., stabilarsan 0.6 to 0.75 gm., and sulpharsenol C and D (0.015 and 0.03 ctg. for children) and 0.06 up to 0.48 ctg. The methods of treatment corresponded to that set out in the report for 1923 and progress was tested by means of the Wassermann blood reaction in syphilis. In gonorrhœa this was gauged by passing sounds, by the injection of silver nitrate, and by vaccine treatment followed in some cases by observing the effect of a return to the use of alcohol, the urine being examined, after being centrifuged, for gonococci. The bacteriological work was carried out as usual at the laboratory attached to the General Hospital and 542 specimens were examined. 332 of these were on behalf of the Special Clinic and 210 for local private practitioners. The total cost of this was just over £157.

In addition to the above, the Department is interested in the education and propaganda work the object of which is genuinely preventive. As in former years most of this was entrusted to the Local Branch of the National Council for Combating Venereal Diseases, or, to use the altered name of this society, the British Social Hygiene Council. All the members of the Public Health Committee are, *ex-officio*, on the executive committee of the Branch as, of course, the cost of the work is borne mainly by the public purse. The activities of the Branch will be better understood if, as is usual, a few extracts from the report of the honorary secretary (Miss Scott) are inserted.

The following is taken from that report approved at the annual meeting of the Branch in April, 1925:—

“In accordance with the proposition made at the last annual meeting, a series of film-lectures for young people was arranged. These were held at St. James' Cinema on the Saturday afternoons of November 22nd and 29th and December 6th. We were fortunate in securing the services of Dr. Feldman, a lecturer from the National Council, who gave most interesting lectures. Two lectures were given on each occasion, one to boys and one to girls, the subjects

being: 1—"The Wonders of the Microscope"; 2—"Plant Life"; 3—"Animal Life." Letters and admission tickets were sent to all Sunday Schools and other organisations. The films were exceedingly beautiful, but we regret to state that the number of young people attending left much to be desired.

In conjunction with the Northampton Voluntary Association for Maternity and Infant Welfare a series of six lectures was given by Dr. Lilian Blake. These were arranged by Dr. Emily H. Shaw and Mrs. John Woods, and we are indebted to Mrs. Woods for the following report:—

"I have to report that Dr. Lilian Blake gave six lectures to mothers on "How to Tell the Facts of Life to Children" at the Infant Welfare Centre, Dychurch Lane, on the afternoons of February 2nd, 3rd, 6th, 9th, 10th, and 13th. On the first three days the lecturer talked about the very elementary "Anatomy and Physiology" and on the other three she discussed "The Questions Children Ask." The lectures were well attended by an appreciative audience of women, who shewed their interest by asking numbers of questions at the end of each."

Human Anthrax

In the end of September a case of anthrax was reported at the General Hospital. On investigation it was found that the man lived at Northampton but worked at a tannery outside the Town, in which skins said to be imported from China were handled. This is the same tannery as is mentioned in the report for 1923 in reference to the outbreak of anthrax of that year. The man recovered after treatment at the Hospital and there was no further spread. The Medical Officer of Health of the district in which the factory is situated was at once communicated with.

Tuberculosis

In connection with this subject, Dr. Rowland, the Deputy Medical Officer of Health and Clinical Tuberculosis Officer, has submitted to me a report dealing in detail with the experience of the year 1924. This I have included as Appendix I.

I have several times in the past outlined the main features of the scheme of anti-tuberculosis measures and do not propose to repeat this at present. Such an outline will be found in the report for 1923, on page 26.

Dr. Rowland remarks in the first place on the fall in the number of notifications as compared with that in 1923 and proceeds to shew that this number is in even greater contrast to that in 1917. It seems to be the experience all over the country that during the later years of the war and those immediately succeeding a great many cases were erroneously diagnosed and notified as tuberculosis. As the Government at an early stage dealt with cases of tuberculosis shewn to be caused or aggravated by war

service in a more generous manner than with some other disabilities, and also because as the result of gas poisoning there were many cases of damage to the respiratory apparatus, which gave physical signs closely simulating those of tuberculous disease, there seemed to be a tendency to include many under this category in which the diagnosis was doubtful, both on the part of general medical practitioners and of tuberculosis officers. Time for further observation has shewn that these did not follow a course which justified the diagnosis. Their numbers also decreased with the passing of the post-war period. In my opinion, these facts must account for some part, at least, of the difference in the numbers now notified from those in the former period. The registers of local authorities, no doubt, contain the names of many which time has proved not to be tuberculous and this was probably in the mind of the Minister of Health when the Public Health (Tuberculosis) Regulations, 1924, and the accompanying circular letter were issued in December. In these Regulations arrangements are made for purging the local registers to some extent. It is worthy of notice that no similar falling off is found in the yearly lists of cases which died of tuberculosis without previous notification, so that, although I believe there is a real decrease in prevalence, this is by no means so great as is indicated by the drop in the number of notifications.

The figures given by Dr. Rowland in regard to the work of the Tuberculosis Dispensary indicate somewhat similar activities to those of 1923. It is unfortunate, however, that a greater use was not made of the Welford Road Tuberculosis Hospital. It was hoped, when the anti-tuberculosis scheme was inaugurated, that this institution would be available for three classes of cases, viz. :—(a) for the observation of doubtful cases sent to the Dispensary for classification. It is not easy always to make a diagnosis, and certainly a prognosis, in regard to an early case without some period of observation, and an institution of this kind, directly under the clinical supervision of the Tuberculosis Officer, was expected to be of considerable value. (b) Besides this it was intended to use some of the beds to educate for a short period patients who were classified for domiciliary treatment in the best methods of regulating their lives. (c) Lastly, of course the hospital was fitted to accommodate patients in the later stages of the disease where cure or arrest was not to be looked for, but where isolation, for the sake of probably susceptible contacts at home, was very desirable. Unfortunately, soon after it was opened, the last type of case so greatly predominated that a stigma, such as Dr. Rowland suggests, attached itself to the institution, which so far has not been removed; hence the difficulty in keeping the beds filled.

It will also be noted that the accommodation provided at the Northamptonshire Sanatorium, Creaton, for early cases in which arrest or definitely lasting improvement is to be looked for was also not fully utilised. I do not find it easy to account for this.

May it be, as Dr. Rowland hints, because the disease is becoming really less prevalent, or because we are not getting in touch with cases in a sufficiently early stage? Or may it be because faith in the efficacy of the sanatorium is lost and patients refuse the offer of beds or doctors do not recommend admission? It is a fact that at no time during 1924 were the twenty beds reserved up to that time for Northampton patients fully occupied. The table (T.12) shewing the immediate results of this treatment cannot be considered encouraging reading, especially in view of the limitation of the selected cases for this treatment. Dr. Rowland's statement that "when the disease is in such a stage as to leave no room for doubt regarding the diagnosis a cure is seldom brought about" is certainly not hopeful for the future. It would suggest that if we are to obtain the best results we must not wait for certain diagnosis, but institute active measures on suspicion. I am not certain that Dr. Rowland agrees altogether with such procedure.

No doubt the paragraph on phthisis and the staple trade in the report will attract criticism, especially as some time ago the subject aroused considerable interest locally. Without putting forward my own views on the matter, I only wish to state here that just before the outbreak of the late war a special report was issued by the Medical Research Committee, set up under the National Health Insurance Scheme, on the "Incidence of Phthisis in relation to the Boot and Shoe Industry." The report was the work of a special committee of eminent medical and scientific investigators and the evidence available at the time was well sifted. The conclusions arrived at were summarised as follows:—

"(1) Phthisis is specially prevalent among workers in the boot and shoe industry, as compared with the general population ;

(2) The individual worker is predisposed to infection by the sedentary nature of his employment, and possibly by the attitude he adopts at work ;

(3) The infection is probably:—

(a) Increased by the number of infective workers, and

(b) Favoured by want of light, the presence of infected dust, and inadequate ventilation in the work rooms."

Bacterio-
logy

This, with the exception of the examination of sputum, urine, etc. for tubercle bacilli, for which the Tuberculosis Dispensary is equipped, is carried out at the laboratory of the General Hospital under the direction of the Pathologist, Dr. Eric H. Shaw. Through this agency the Public Health Department undertakes at the public expense the examination of suspected clinical material in connection with Northampton patients sent by the medical practitioners of the Town. Similar work for the Isolation Hospital and the Department generally is done here and for the

Venereal Diseases Clinic. The bacteriological examination of the Town's water is undertaken regularly and when required that of milk and other food. Reports are furnished to the Medical Officer of Health of all examinations paid for out of public funds. References in more detail are made in the paragraphs relating to diphtheria, tuberculosis, enterica, venereal diseases, and water supply, but the usual table on clinical bacteriology (No. 26) appears in the third appendix.

It will be noted that the figures correspond fairly closely with those of 1923, though there was a slight increase in the number of suspected cases of diphtheria.

The usual table containing details of the meteorological conditions is included. The information which enabled this to be prepared is kindly supplied by Mr. R. H. Primavesi. Meteorology

The chief characteristic of the year was the abnormally heavy rainfall. With the exception of 1912 it is the wettest year I have record of since 1904. Following a particularly dry February and March, the month of May shewed the heaviest rainfall in the twenty years. The rainfall in July, in October, and in December was also high. The mean temperature was a low one (49·63) and would have been much lower if the cool summer had not been partly compensated for by a rather mild winter. Altogether so far as weather was concerned the whole year was rather depressing. The general effect of such conditions on health was to lower the death and sickness rates of diseases connected with the stomach and bowels, but on the other hand to raise those of diseases of the chest, particularly in advanced life.

As was to be expected with the occurrence of the epidemic of scarlatina, the number of articles dealt with at the Disinfecting Station, which is set out in Table 28, was greatly increased. Indeed it may be noted that the total number (14,797) approached double that of the former year. Disinfection

The Chief Sanitary Inspector (Mr. W. J. Barker) again acted as Rat Officer under the Rats and Mice (Destruction) Act, 1919. He still had the services of the Rat Catcher, who devoted his whole time to the work. The methods employed were the same as those detailed in the report for 1923. The number of tails accounted for was 3,624. This was exclusive of many rats which were undoubtedly destroyed in the runs by gas or poison, where the tails were unprocurable. Rat Destruction

V.—MATERNITY AND CHILD WELFARE.

The work in connection with maternity and child welfare forms, in my opinion, the most important undertaken by a public health department. In addition to its importance there is so much to be done, most of which is of a specialised nature, that a separate section of the department under the immediate control General

of an assistant medical officer has been created, and every effort has been made to stir up public interest in its working. In no other branch of public health work have the results been so immediate and so complete, though there remains a great deal yet to be accomplished.

Infant Mortality

Dr. Emily Shaw's report to me on the working of this section indicates a very successful year in 1924. The infant mortality (fifty-two per thousand births) is a very satisfactory one. It is a reduction on the rate for the previous year, while that for the country generally, for London, and for the groups of both greater and smaller towns shews an increase. I am glad to note also that it included a reduced mortality due to immaturity. This, I feel convinced, was at least partly due to our pre-natal work, belated though it was and limited so far in its extent. With such a very low and still decreasing local birth-rate it is more than ordinarily necessary to conserve infant life and to promote infant welfare.

Pre-natal Clinics

Dr. Shaw's report contains the usual tables indicating the existing conditions and enabling ready comparison to be made with those of former years. There is little need for comment further than is already made in her report. Dr. Shaw's remarks in the paragraph on pre-natal clinics deserve careful consideration, as there is little doubt that extension in this direction is needed in the immediate future, more than in any other. The acquisition of the Central Building, also referred to in the report, should give the facilities for this extension and it is to be hoped that such work will be centralised here. It seems to me quite unnecessary that part should be done at the Queen Victoria Nursing Institution, as the cases attended by the midwives from that nursing home can be as readily and more conveniently seen at the Central Building, which will be furnished with all the necessary accommodation and equipment for this purpose. It is hoped that many of the midwives will not only send their cases for advice but will take every opportunity of attending along with them wherever possible.

Voluntary Assistance

I must again express my appreciation of the great help afforded to the Department through the efforts of the Northampton Maternity and Infant Welfare Voluntary Association. The enthusiastic work of these ladies at the centres in organising lectures, classes, and entertainments and in this and in other ways retaining the interest and helping in the instruction of mothers cannot be over-estimated. The Association also ensures a public interest in the work, which is very necessary for its success. The representation of the Association on the Statutory Committee of the Town Council is of great service, especially when matters of departmental detail come up for discussion. For many years these ladies have persevered in the face of opposition and discouragement, and a good deal of our present

success is due to them. It is chiefly on account of their efforts that the Central Building has been acquired and is to be occupied early in 1925.

In spite of all I have said in the foregoing paragraph, I must not let the most important part of the whole scheme pass without mention and that is the visitation in the homes. I have emphasised this I know in most previous reports, but so valuable above all the rest do I consider it that I must again bring it forward. The daily contact in the home, where alone all the circumstances can be effectively studied and dealt with, between the well-trained and experienced health visitor and the expectant or nursing mother and her children is the backbone of the whole effort. Only thus can the difficulties of the over-worked mother and her sickly child be fully appreciated and the best kind of help given at the right time. The work is accomplished of necessity quietly and unostentatiously without the opportunity of appealing to the public imagination, but it was the origin of the whole scheme, other efforts following one by one as it evolved. Dr. Shaw summarises in her report this home visitation and the figures she gives represent a very considerable amount of hard trying work on the part of the health visitors, which is apt to escape notice alongside the more picturesque efforts at the centres, clinics, and institutions.

Home
Visitation

In Dr. Shaw's report, in the paragraphs dealing with maternity homes and with puerperal fever, there is mention of an outbreak of this latter disease at the Colwyn Road Maternity Home. As the matter is one of considerable importance, it deserves special mention here. The outbreak occurred during the month of June and at the meetings of the Public Health and Maternity and Child Welfare Committees in July I presented the following report:—

Outbreak of
Puerperal
Fever at the
Maternity
Home

"I have to report a series of four notifications of puerperal fever from the Maternity Home, Colwyn Road. I first heard of the outbreak by telephone on the morning of 20th June and visited before mid-day. At that time no official notification had yet been received. I found that three women, recently confined, had become feverish one after the other within the previous four or five days. Each was under the care of a separate doctor, but had also been attended by the senior midwife of the Home. As other cases were expected for admission daily, I decided they should not be exposed to risk in an apparently infected institution and immediately closed the Home till further notice, and as the Rosslyn House Institution was available, I arranged that all new cases should as far as possible go there. This was done at once and I asked Dr. Shaw to make a full investigation. The cases already in the Home remained under supervision till their termination. Eight days subsequently another was reported, but this was the only addition to the series already noted.

Of the series of four, three were attended at confinement, each by her own medical adviser assisted by the senior midwife, and in the other case the birth came off before the arrival of the doctor and was managed by the nurse alone. All the women were under thirty years of age and in three it was the first confinement. The onset in the first case was on the 15th. It seemed to have been a long and difficult labour, necessitating operative interference, and when symptoms of fever intervened two days later it was thought to be due to this prolongation and sepsis was not suspected. For this reason probably the precautions taken against the spread of infection were inadequate, two other cases were infected two or three days later and, in spite of the prompt measures subsequently enforced, a fourth occurred as stated. This was the end of the series. One was admitted at once to the General Hospital for operation. Unfortunately, one woman (the last) died, though the others recovered.

The Ministry of Health was at once informed and a woman medical inspector visited on 3rd July and investigated further, reporting to the Ministry. The action taken by the Department was approved by her. The whole institution was disinfected, the beds, beddings, etc. were removed for steam disinfection, and most of the premises were repainted or whitewashed. After a personal inspection of the premises and an examination of each of the staff individually, I was satisfied that everything necessary had been done and the Home was re-opened with my permission on 8th July. The senior nurse was sent off for a holiday. It is difficult to determine the original cause of the trouble, which, once started, is very prone to spread where confinement cases are segregated in a home like this. Such outbreaks take place at times in the best managed homes and I am informed that the Ministry has recently investigated, and is even now investigating, the circumstances of several similar occurrences in the country. My experience of the Colwyn Road Home is that it is well managed by a perfectly competent and careful staff and that it is suitably arranged and equipped for its work. It has been repeatedly inspected and approved by the Ministry. It is popular both with the profession and the public locally and it goes some way towards supplying a much felt lack in our scheme of maternity and child welfare."

In consequence of a communication from the Ministry of Health to the Committee of the Maternity Home, the Chairman of that body asked the Public Health Committee to permit the Medical Officer of Health to visit the Home at frequent intervals and exercise the authority vested in him with regard to any suspicious cases and their prompt removal from the Home. This, it was suggested, would be a protection to the work carried on. The Public Health Committee and the Town Council

acceded to the request and this has been carried out either by the Medical Officer of Health in person or by Dr. Shaw, acting as his deputy. I am glad to say that no further cases of this kind occurred.

I present Dr. Shaw's report in full with the tables as Appendix II.

VI.—HOUSING.

The work of municipal housing was continued as hitherto. Undoubtedly, however, in spite of considerable activity on the part of the Housing Committee, the provision of new dwellings cannot keep pace with the needs of the Town. The Borough Engineer has supplied me with the following particulars of progress under the scheme :—

Number of houses completed between 1st January and 31st December, 1924, under the Corporation schemes	150
Number of these built within the Borough boundary	150
Total number of houses erected both within and without the Borough up to 31st December, 1924	894

In addition to the above, the following is a summary of the erections of new, or extensions of old, buildings during the year, plans for which had been approved by the Highways Committee :—

New dwellinghouses and villas	174
New houses and shops	4
New factory	1
New garages	17
New workshops, stores, etc.	14
New electric light sub-stations	4
New shop fronts	5
New drainage to properties	4
New water closets	9
Temporary buildings	7
Temporary garages	12
Alterations and additions to premises	40

The increased part played by private enterprise is mainly due, no doubt, to the coming into force of the Housing, &c. Act, 1923, which offers in certain circumstances a subsidy to firms and individuals for the erection of dwellinghouses. I am informed that of the 174 new dwellings, ninety-four were erected with the aid of this grant.

The provision hitherto made, however, still falls far below the needs of the community and the Department is still hampered in its work of housing improvement by the removal, through closure and demolition, of many houses quite unfit for human habitation. It is quite impossible to expect the closure of houses where there are no means of housing inhabitants thus displaced and representation of houses for closure becomes somewhat of a

Housing
Scheme

Other
New
Buildings

Housing,
Town
Planning,
&c. Act,
1909

useless procedure. This, of course, has been taken into account in determining the action of the Department.

In Tables 29 and 30 the usual continuation of the conditions of houses represented in the past up to the end of the year 1924 will be found. The extreme difficulty of getting closing orders made effective has been stated in the previous paragraph and the action of the Department, the Committee, and the Council in dealing with these houses is reflected in the information conveyed by the tables. Property, therefore, which in ordinary circumstances would have been unhesitatingly represented as unfit for habitation, was subjected to attempts at improvement through the agency of the Public Health Acts. Even where representation was the only course possible, closing and demolition orders were either withheld or their operation postponed in many instances and thus those remarks in the tables which may be considered unsatisfactory from the point of view of progress are accounted for.

Housing,
Town
Planning,
&c. Act,
1919

There were no houses dealt with under Section 28 of this Act during 1924. Referring to the action under this Section during the previous year, a record of which will be found in my report for 1923, page 41, I have to state that before the end of May of the present year all the necessary work had been done, except that to the property in High Street. This was still in progress. One house had been renovated and the second was in the hands of the renovators. The delay, though mainly due to lack of funds on the part of the owner, was also owing to the need of dealing with the houses one at a time because of the difficulty of housing the displaced tenants. The house in Gas Street was rendered fit by the Corporation, in default of the owner, and the costs recovered.

Public
Health
Acts

Under the heading of routine house-to-house inspection 173 dwellings were included. This work was greatly handicapped by the amount of house visitation necessary during the epidemic of scarlatina. During 1924, there were over two thousand more visits in connection with cases of infectious disease than in the previous year.

Twenty-three houses, or parts of houses, were reported by the Medical Officer of Health under the terms of Section 46 of the Public Health Act, 1875, as being in such a filthy or unwholesome condition that the health of the occupants was affected or endangered thereby, and that the cleansing and whitewashing were urgently required, or that the cleansing or whitewashing would tend to prevent the spread of infectious disease. In each of these the work specified on the notice was eventually carried out, though three landlords had to be prosecuted in regard to ten houses. The results of the legal proceedings are set out in Table 31.

Apart from legal proceedings under the Food and Drugs Acts Prosecu-
 and in connection with meat seizures, six prosecutions were tions
 undertaken to enforce compliance with notices served under
 Sections 41, 46, 91, and 94 of the Public Health Act, 1875, and
 the Bye-laws. Details may be obtained in Table 31.

Table F. summarises, in the prescribed form, the work done
 by the inspectors under the Factory and Workshop Act, 1901. Factories
 and
 Workshops

See Appendix III. (page 60) for the usual statistical tables.

APPENDIX I.

REPORT OF THE CLINICAL TUBERCULOSIS OFFICER FOR THE YEAR 1924.

TUBERCULOSIS DISPENSARY,
APRIL, 1925.

To the Medical Officer of Health and Chief Tuberculosis Officer.

SIR,

I beg herewith to submit my report on the working of the anti-tuberculosis scheme in the County Borough of Northampton for the year 1924, for inclusion in your annual report. The report follows the lines of recent years, no extension of the existing scheme having been attempted.

STEPHEN ROWLAND.

Notification

The number of new cases of tuberculosis within the Borough notified to the Medical Officer of Health for the year was one hundred and twenty-five, which is a considerable fall from the preceding year and less than half the number notified in 1917. From this it is not to be assumed that tuberculosis within the Borough has decreased fifty per cent. within recent years. A more probable explanation of the fall in the number of notifications is the more accurate diagnosis in recent times. The fall in the number has not been confined to one form of the disease, it is shewn both in the pulmonary and the non-pulmonary varieties.

Phthisis in Children. Errors in Diagnosis

There is still a tendency to notify as phthisis children found to have any abnormal physical signs in the chest and, in the great majority of cases, these are errors of diagnosis. To assume that every child with râles in the chest (even though these be very marked) is suffering from tuberculosis is a serious mistake. A considerable number of children of school age are found on examination to shew marked signs of disease in one or both lungs, usually at the base, though it may involve the whole lung, but the general condition of these children is usually very good, out of all proportion to the physical signs. On careful inquiry it will be found that most of these children have at some time suffered from broncho-pneumonia or whooping cough, or both, and been subject to cough and expectoration ever since, often for a period extending over several or many years.

The sputum of these children does not resemble phthisis sputum to the naked eye and tubercle bacilli cannot be found by the microscope. The general well-being of the child discounts

the diagnosis of phthisis. In several cases the chief complaint of the parent has been she could not keep the child quiet it was so given to playing strenuous games, etc., surely a feature in itself sufficient to throw grave doubt on the diagnosis.

These cases are undoubtedly suffering from a form of bronchiectasis or "damaged lung," due to the increased pressure set up by the persistent cough during the pneumonia or whooping cough acting on a lung which possessed some inherent weakness. That there was some pre-existing weakness in the lung is rendered probable by the fact that we only find a small proportion of cases of pneumonia or whooping cough followed by the condition now under consideration. What the final result of these cases will be or how long they will live I cannot say, nor am I aware that any observer in this Country or in America (where the condition has been very carefully investigated) expressed an opinion upon this point. The cases I have had under observation for some years in the Borough do not seem to decline as they certainly would had they been suffering from tuberculosis.

I would mention that death from phthisis during childhood is rare, in spite of evidence to shew that infection usually occurs during early life.

The number of deaths from pulmonary tuberculosis registered in the Borough during the year was ninety-two, of which nine were not previously notified. The deaths from non-pulmonary tuberculosis numbered eleven, making a total of one hundred and three compared with one hundred in 1923.

The death-rate from pulmonary tuberculosis for 1924 was 0.98 per thousand and from non-pulmonary tuberculosis 0.12, giving a total tuberculosis death-rate of 1.10.

The tuberculosis death-rate is a more reliable guide to the amount of tuberculosis in the Borough than the number of notifications received by the Medical Officer of Health, but the certified cause of death frequently leaves room for doubt. When once a case has been notified as suffering from phthisis there is a tendency to certify the death as having been due to phthisis though there may have been no signs or symptoms of that disease for years. Again some of the deaths certified as due to tuberculous meningitis have certainly not been due to that disease. One would scarcely expect a case to die from tuberculous meningitis without the classic signs and symptoms of meningitis and with the mind clear to the end; nor do I see any reason to label as tuberculous meningitis a case in which there was a history of otorrhœa of some weeks' duration, when the discharge ceased followed by head symptoms and death.

There is a somewhat widespread impression that the boot and shoe trade is an unhealthy one, in other words that boot and shoe operatives are more prone to phthisis than workers in other trades. When this impression comes to be ex-

Phthisis
and the
Staple
Trade

amined from a statistical standpoint it is found to be only an impression. The phthisis death-rate for Northampton—the largest boot manufacturing town in the world—is the same as that for England and Wales. It is common knowledge that the proportion of boot and shoe workers amongst the population of Northampton very greatly exceeds the proportion in England and Wales generally, and if they were more prone to phthisis than other workers the fact would be shewn in the tuberculosis death-rate for the Borough. There are many industrial towns in England and Wales which have no boot factories but have a much higher tuberculosis death-rate than Northampton.

Anti-tuberculosis Measures The following is a short resumé of the work accomplished by, and in connection with, the Tuberculosis Section.

Tuberculosis ATTENDANCES :—
Dispensary Total number

Total number of attendances of patients, etc.	I,523
Number of patients, etc. attending :—	
Males	312
Females	211
————Total ...	523

The above numbers include fifty-one examinations of "contacts" and 105 examinations of persons for diagnosis at the request of general practitioners. Six "diagnosis" cases were subsequently notified.

The average number of attendances per patient was 2.91.

The following is the number of visits made by the nurse from the Dispensary during the period :—

Number of investigations after notification in the case of :—

Pulmonary tuberculosis	109	
Other forms of tuberculosis	14	
Deaths from tuberculosis	23	
	—	146
Re-visits, etc.		1,573

Total	1,719
-------------	-------

The number of attendances of patients at the Dispensary was about the same as in the previous year, though the actual number of persons attending was slightly larger. The number of cases sent to the Dispensary for an opinion by general practitioners shewed a considerable increase over previous years. It is a source of satisfaction to the Tuberculosis Officer to be able to co-operate with the general practitioners in the Town. Again I would point out the importance of the examination of contacts. In addition to examinations at the Dispensary the Tuberculosis Officer made two hundred and seventy-three visits to the homes of patients either at the request or with the permission of general practitioners.

Table T.II summarises the work done at the bacteriological laboratory attached to the Dispensary. As the finding of the tubercle bacillus is the only positive proof of pulmonary tuberculosis, the importance of examination and re-examination of the sputum where necessary cannot be over-estimated.

I have again to deplore the small number of beds which could be kept occupied during the year. Twenty-eight beds are provided, but it is rarely possible to keep more than sixteen occupied, chiefly owing to prejudice, the idea being that it is merely a home for the dying. This is a great mistake. Many more cases leave the hospital improved than die there, as the following figures shew :—

	MALES.	FEMALES.	TOTAL.
Number remaining at end of 1923	6	9	15
Number admitted during 1924...	40	22	62
Number discharged during 1924	29	22	51
Number died during 1924	8	2	10
Number remaining at end of 1924	9	7	16

Of the sixty-two cases admitted, forty-two were insured persons. Fifty-five were admitted for isolation and seven for observation.

Condition on discharge :—

Apparent Arrest	1
Improved	19
<i>In Statu Quo</i>	19
Declining	6
Not Tuberculosis	6

The Borough Council retains twenty beds at Creaton Sanatorium, but for one reason or another it has never been possible in recent years (since there was such a marked fall in the number of notifications) to keep all the beds occupied. Many cases were not suitable for sanatorium treatment and of those which were, many refused institutional treatment of any kind. The result of sanatorium treatment leaves much to be desired. When the disease is in such a stage as to leave no room for doubt regarding the diagnosis a cure is seldom brought about. Of course, these remarks apply to all sanatoria, the results being similar whatever sanatorium has been selected.

The following is a summary of the Northampton cases dealt with in sanatoria during 1924 :—

	MALES.	FEMALES.	TOTAL.
Number remaining at end of 1923	10	2	12
Number admitted during 1924...	17	11	28
Number discharged during 1924	17	12	29
Number remaining at end of 1924	10	1	11

Of the twenty-eight cases admitted, twenty-four were insured persons.

In the treatment of the above the following sanatoria were made use of :—

Northamptonshire Sanatorium, Creton ;
Fairlight Sanatorium, Hastings ;
Royal Sea-Bathing Hospital, Margate ;
London Hospital, Whitechapel ; and
Heatherwood Hospital, Ascot.

In addition, one went privately to the Wingfield Orthopædic Hospital, Headington, Oxford ; one to University College Hospital, London ; one to Joseph's Hospice for the Dying, Hackney ; one to All Saints' Hospital, Eastbourne ; and one to the Lord Mayor Treloar Cripples' Hospital, Alton, Hants.

On discharge a report is sent from the sanatorium authorities in respect of each patient, giving certain information of the condition at the time of leaving. From a summary of these reports Table T.12 is compiled.

TABLE T1. NORTHAMPTON, 1924.
TUBERCULOSIS. CLASSIFICATION OF NOTIFIED CASES.

	MALES.	FEMALES.	TOTAL.
Pulmonary :—			
Lung and Pleura	62	49	III
Larynx	—	—	—
	62	49	III
Meninges and Brain	3	3	6
Peritoneum and Intestines	I	—	I
Spinal Column	—	I	I
Joints	I	4	5
Cervical Glands	—	—	—
Other Organs	I	—	I
Totals	68	57	125

TABLE T2. NORTHAMPTON, 1924.
TUBERCULOSIS. CLASSIFICATION OF DEATHS REGISTERED OF CASES
NOT PREVIOUSLY NOTIFIED.

	MALES.	FEMALES.	TOTAL.
Lung	5	4	9
Meninges	2	—	2
Peritoneum and Intestines	—	—	—
Other Organs	I	—	I
Totals	8	4	12

TABLE T3. NORTHAMPTON, 1924.

PULMONARY TUBERCULOSIS. NOTIFICATIONS AND DEATHS OF CASES NOT NOTIFIED.

	MALES.	FEMALES.	TOTAL.
Number of Cases Notified	62	49	111
Number of Deaths of Cases not Notified ...	5	4	9*
Totals	67	53	120

*After deducting the "outward transferable deaths."

TABLE T4. NORTHAMPTON, 1924.

PULMONARY TUBERCULOSIS INVESTIGATIONS. DURATION OF ILLNESS.

PERIOD.	Cases Notified.	Deaths Registered of Cases not previously notified.	Total.
Under 6 months	30	2	32
Over 6 months and under 1 year ...	28	3	31
Over 1 year and under 2 years ...	15	3	18
Over 2 years and under 3 years ...	14	1	15
Over 3 years and under 4 years ...	8	—	8
Over 4 years and under 5 years ...	3	—	3
Over 5 years	1	—	1
Unascertained	5	—	5
Not Tuberculosis	7	—	7
Totals	111	9	120

TABLE T5. NORTHAMPTON, 1924.

PULMONARY TUBERCULOSIS INVESTIGATIONS. SEX AND STATE.

	MALES.	FEMALES.	TOTAL.
Single	34	21	55
Married	25	20	45
Widowed	5	4	9
Unascertained	2	2	4
Not Tuberculosis	1	6	7
Totals	67	53	120

TABLE T6. NORTHAMPTON, 1924.
PULMONARY TUBERCULOSIS INVESTIGATIONS. DEGREE OF HOME
ISOLATION FOUND.

	MALES.	FEMALES.	TOTAL.
Number having separate Bedrooms	26	17	43
Number having separate Beds (only)	3	5	8
Number having no Isolation	29	18	47
Number in Institutions	2	1	3
Unascertained	6	6	12
Not Tuberculosis	1	6	7
Totals	67	53	120

TABLE T7. NORTHAMPTON, 1924.
TUBERCULOSIS DEATHS. PERIOD ELAPSING BETWEEN NOTIFICATION
AND DEATH.

PERIOD BETWEEN NOTIFICATION AND DEATH.	MALES.	FEMALES.	TOTAL.
(1) PULMONARY TUBERCULOSIS :—			
Not notified	5	4	9
Notified after death	—	—	—
One month	8	5	13
1—6 months	12	6	18
6—12 months	10	9	19
12—18 months	6	3	9
18—24 months	2	2	4
24—36 months	5	1	6
3 years and over	9	5	14
Totals	57	35	92
(2) TUBERCULOSIS OTHER THAN PULMONARY :—			
Not notified	3	—	3
Notified after death	1	—	1
One month	3	3	6
1—6 months	—	—	—
6—12 months	—	—	—
12—18 months	—	1	1
18—24 months	—	—	—
24—36 months	—	—	—
3 years and over	—	—	—
Totals	7	4	11

TABLE T8. NORTHAMPTON, 1924.

PULMONARY TUBERCULOSIS. OCCUPATIONAL INCIDENCE AND MORTALITY.

OCCUPATION	Cases Notified	Deaths Registered	OCCUPATION	Cases Notified	Deaths Registered
Shoe Operatives :—			Ex-soldier	2	4
(a) Clicker	10	5	Gold Stamper	—	1
(b) Laster	6	5	Hairdresser	1	1
(c) Finisher	7	8	House Decorator ...	1	—
(d) Roughstuff and Pressman	3	3	Housewife	20	20
(e) Warehouse and General	3	7	Ironmoulder	1	1
(f) Female Worker	18	6	Labourer	3	3
	47	34	Last Maker	1	—
			Licensed Victualler	1	—
Baker	2	—	Motor Driver	1	1
Basket Maker	1	1	Printer	1	2
Box Maker	1	—	Professional Cricketer	1	—
Butcher	2	2	Sawyer	1	—
Carter	1	—	Schoolchild	4	1
Cinema Attendant ...	—	1	Shop Assistant	2	3
Clerk	3	1	Steam Crane Driver	1	—
Club Steward	—	1	Storekeeper	1	2
Coal Carter	—	1	Tailor's Presser	—	1
Currier	—	1	Teacher	2	1
Domestic Servant ...	2	1	Traveller	2	1
Engineer	1	—	Watch Repairer	1	—
Errand Girl	1	—	No Occupation	3	6
Ex-sailor	—	1	Unascertained	2	—
			Not Tuberculosis ...	7	—
			Totals	120*	92

* Includes nine where investigation was made into deaths not previously notified.

TABLE T9. NORTHAMPTON, 1920-1924.
PULMONARY TUBERCULOSIS. INCIDENCE AND MORTALITY AMONGST
BOOT AND SHOE OPERATIVES.

Years.	NO. OF CASES.			CLASSIFICATION OF MALES.*				
	Total.	Males.	Females	a.	b.	c.	d.	e.
NOTIFICATIONS—								
1920...	81	56	25	7	19	20	2	8
1921...	53	32	21	6	11	6	4	5
1922...	41	26	15	5	12	4	1	4
1923...	41	33	8	10	5	12	2	4
1924...	47	29	18	10	6	7	3	3
DEATHS—								
1920...	34	24	10	4	7	6	1	6
1921...	32	24	8	4	8	9	—	3
1922...	40	33	7	6	12	6	5	4
1923...	29	21	8	6	3	7	1	4
1924...	34	28	6	5	5	8	3	7

*(a) Clicker ; (b) Laster ; (c) Finisher ; (d) Pressman and Rough-stuff Worker ; and (e) General and Warehouseman.

TABLE T10. NORTHAMPTON, 1876-1924.
DEATH-RATES FROM PULMONARY AND OTHER FORMS OF TUBERCULOSIS IN
1921-1924 AND IN EACH OF THE NINE PRECEDING QUINQUENNIA.

Quinquennial Periods.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.
1876-1880	1.93	0.51
1881-1885	1.81	0.20
1886-1890	1.60	0.39
1891-1895	1.56	0.30
1896-1900	1.45	0.30
1901-1905	1.25	0.37
1906-1910	1.19	0.31
1911-1915	1.27	0.29
1916-1920	1.55	0.29
1921	1.06	0.17
1922	0.94	0.21
1923	0.90	0.17
1924	0.98	0.12

TABLE T11. NORTHAMPTON, 1924.
TUBERCULOSIS DISPENSARY. BACTERIOLOGY.

SPUTUM, URINE, ETC., EXAMINED.			
NUMBER OF SUSPECTED CASES.	REPORTS MADE.		
	POSITIVE.	NEGATIVE.	TOTAL.
378	164	328	492

TABLE T12. NORTHAMPTON, 1924.
PULMONARY TUBERCULOSIS. IMMEDIATE RESULTS OF TREATMENT
AMONGST CASES WHICH LEFT SANATORIA DURING THE YEAR.

	NUMBER.	PER CENT.	
Disease reported to be:—			
Arrested	7	24·2	} 62·1 per cent.
Improved	11	37·9	
Not Improved	11	37·9	
Totals	29	100·0	

See also remarks of Medical Officer of Health on page 28 et seq.

APPENDIX II.

REPORT OF THE ASSISTANT MEDICAL OFFICER FOR MATERNITY AND CHILD WELFARE, FOR THE YEAR 1924

To the Medical Officer of Health.

SIR,

My report for the year 1924 on the maternity and child welfare work in the Borough is now completed and is presented to you for incorporation in your Annual Report.

EMILY H. SHAW.

INFANT WELFARE CENTRE,

DYCHURCH LANE.

APRIL, 1925.

General
Arrange-
ments

During the year 1924 the work of the Maternity and Child Welfare Section of the Public Health Department has continued on the same lines as for the previous three years. The staff consists of (a) one Assistant Medical Officer in control of the section, who acts as administrative officer under the Medical Officer of Health, has clinical charge of all the welfare centres and the pre-natal work, acts as Inspector of Midwives and of the Queen Victoria Maternity Home, visits all cases of puerperal fever and ophthalmia neonatorum, and pays such other visits as time permits; (b) four health visitors, all fully trained nurses, both general and fever, and all holding the certificate of the Central Midwives Board. The work in the Town is arranged in four districts and each health visitor takes charge of one area. They visit the homes of all the less well-to-do people of the Town, if possible before the birth of a baby and anyhow within a fortnight after a birth, and continue their visitation at more or less frequent intervals—depending upon conditions they find—until the youngest child reaches school age. They also attend three welfare centres each week and one pre-natal clinic each fourth week. They visit all cases of pneumonia in women and children, and all infant deaths whatever the type of house in which they occur. The work of the health visitors is confined solely to maternity and child welfare work, they have nothing to do with the school medical service or the tuberculosis work. They keep accurate records of all visits paid and the conditions found; and (c) one clerk who is responsible for all the clerical work of the Department.

Infant
Mortality

It is satisfactory to note (Table M. & C.W. 1) that although the infant mortality of England and Wales has increased from sixty-nine in 1923 to seventy-five in 1924, that of Northampton has decreased during the same period from fifty-seven to fifty-two

and this in spite of a large number of cases of whooping cough and pneumonia among babies in the early autumn and again at about Christmas time. The total number of infant deaths—that is of children under one year of age—is eighty.

As in the last four years prematurity accounts for the largest number of deaths. The present year, however, shews an appreciable decrease in this figure as against that of 1923. In that year seventy-two premature births were investigated by the health visitors; of these, thirty-seven died as a direct result of their prematurity and two more of other diseases, making a total of thirty-nine (54·2 per cent.). In 1924 the circumstances of the births of fifty-seven infants born prematurely were investigated; twenty died simply because they had not the vitality to live and six might have lived had they not become prey to diseases which their prematurity hindered them from combating—two died from pneumonia, two from marasmus, one was suffocated, and one was stated to be congenitally specific. This makes a total of twenty-six deaths among premature babies, or 45·6 per cent. of the total born before their time. Bronchitis and pneumonia accounted for fifteen deaths, fourteen died of atrophy, debility, and marasmus, causes mostly due to immaturity of the child even if it is not born prematurely. There were five deaths from whooping cough in 1924—no infant died of pertussis in 1923.

Of the eighty babies who died during the year, thirty-eight died before they reached the age of four weeks, thirty-one under two weeks, and seven between two and four weeks. Of the thirty-one who died under two weeks, nine were first babies, twenty-one were boys and ten girls. Sixteen were born prematurely and eleven were delivered instrumentally. Of the seven dying between two and four weeks, six were boys and one was a girl. Four were premature and one—a transverse presentation in a full-term baby—was delivered instrumentally. Forty-two, twenty boys and twenty-two girls, died between one month and one year; seven were the children of primiparæ, six were premature, and three were instrumental deliveries.

It appears from the above that if a baby has sufficient vitality to live for two weeks its chances of surviving its first year are fairly good. Life during the first month, or at least during the first fortnight, must surely depend very largely upon the conditions of the mother before the birth of the baby and until the importance of pre-natal care and examination is more fully realised it cannot be hoped to reduce appreciably mortality in the first month of life. It is exceedingly difficult to make mothers realise the necessity of caring for their own physical and mental condition; they look upon pregnancy as a natural state and any aches and pains from which they suffer have been suffered by their mothers before them, so “Why Worry?” If it enters their heads that they are small they are fully convinced that the baby will be correspondingly small. It seems to be that only after they have given birth to one or more stillborn babies or have

lost an infant or two, that they realise that something may be wrong, and then not always. There is one woman in this Town who is expecting her sixth baby very shortly. She has been *in extremis* with hæmorrhage at the confinements with all but one of the children, but in spite of repeated visits from the health visitor and repeated warnings from the Assistant Medical Officer, she will not make any arrangements for her confinement and will not consult a doctor but relies on the hope that everything will be alright when the time comes.

Notification of Births

In Table M. & C.W. 5 it will be seen that 1,534 births were registered; 1,529 live births and fifty stillbirths were notified, that is to say 1,579 births in all were notified. Table M. & C.W. 6 shews the sources of notification.

Investigations were made by the health visitors into the circumstances connected with 1,452 births, 1,395 notified and fifty-seven non-notified. The remaining 127 births, however, occurred in the larger type of house not visited by the nurses, or the mothers lived out of Town and came to the Colwyn Road Maternity Home for their confinements. As thirty of the pregnancies resulted in twins, the 1,452 births visited represented 1,437 separate confinements. 451 live-born and fifteen stillborn infants were the children of primiparæ. Seventy-one babies were born prematurely, thirty-five first babies (thirty-two live and three stillborn). Thirty-six were the children of multiparæ, twenty-five living and eleven stillborn. This number (seventy-one) includes one set of twins.

Fifty stillbirths occurred as against sixty-six in 1923. Fourteen of these were premature and two illegitimate; forty-one were investigated. In many cases it is very difficult to find an adequate reason for the foetus dying. In this series twenty-six appear to have died as a result of malposition, difficult labour, albuminuria, eclampsia, placenta prævia, and unsatisfactory condition of the mother. It is hoped, when pre-natal supervision is more complete, to reduce this number very considerably. In two cases a definite fall or shock occurred and to this the mother attributes the stillbirth. In one case the baby was born in the street in the night as the mother was on her way to the Infirmary and consequently received no immediate attention. Another was said to have been strangled by the umbilical cord at birth. In the remaining twenty-one cases, no reasonable cause was given to account for the infant being stillborn.

Home Visitation

Visits to Expectant Mothers :—

First Visits	251
Total Visits	628

Visits to Infants under One Year :—

First Visits	1,342
Total Visits	6,820

Visits to Children from One to Five Years of Age :—

Total Visits	9,201
--------------------	-------

The health visitors have paid in all 19,755 visits, including those to the mothers of forty-one stillborn babies, to all houses in which a baby died (either before or after the health visitor had called), and to all notified cases (*a*) of pneumonia in women and in children under five years of age, (*b*) of ophthalmia neonatorum, and (*c*) of puerperal fever.

During the year this work continued in the same eight centres as before. Table M. & C.W. 8 shews the average number of attendances and consultations. The totals are much the same as in 1923; the attendances are a little lower and the consultations are a little higher. The routine at the centres is unchanged. They meet on one afternoon each week, the doctor attends fortnightly and sees from twenty-five to fifty mothers and babies. The health visitor in whose district the centre is situated attends each week and on doctor's day a second health visitor is also present.

Welfare
Centres

The ladies of the Northampton Maternity and Infant Welfare Voluntary Association look after the social side of the work and arrange for friends to talk to the mothers on subjects connected with the management of the home, etc. on one afternoon each month. On the other day on which the doctor is not present the health visitor gives a short lecture on some medical subject.

During the year the Committee acquired the use of a Mission Schoolroom in Dychurch Lane, which, by the end of the year, was converted into a central building for maternity and child welfare work. It has on the ground floor an assembly hall, toddlers' room, weighing room, consulting room, kitchen, boiler house, lavatories, and a garage for prams. On the first floor, which is built over the back half of the building, are the offices for the Assistant Medical Officer, the health visitors, and the clerk. The premises were not occupied until the beginning of 1925.

New
Central
Building

Twenty-eight midwives notified their intention to practise during the year. Nine of these were attached to the Queen Victoria Nursing Institution at different times and four to the Poor Law Institution. There are still three *bona fide* midwives taking cases. Sixty-nine routine visits of inspection and twenty-two special visits were paid to the midwives. Most of the work is done by the nurses of the Queen Victoria Nursing Institution and three or four practising independently. The notifications received from midwives are tabulated in Table M. & C.W. 9.

Midwives

During the year one hundred and seventy-six women have been admitted to the Colwyn Road Maternity Home, six to Rosslyn House, and one to the Queen Victoria Nursing Institution. Thirty-six of the cases were attended by midwives only, one

Maternity
Homes

hundred and two had engaged their own doctors, and in thirty-eight the midwife had to call in a doctor on emergency. Two were removed to the General Hospital before the baby was born.

In June there was an outbreak of puerperal fever in the Colwyn Road Maternity Home. Four cases in all occurred including one death. In consequence of this outbreak the Home was, on the instruction of the Medical Officer of Health, closed for between two to three weeks, during which time the institution was disinfected. The bedding was removed for steam disinfection and most of the premises were repainted or whitewashed.

The Assistant Medical Officer has paid fourteen visits throughout the year.

Pre-natal Work

The pre-natal work grows very slowly. At the Queen Victoria Nursing Institution twenty sessions were held during the year. These were attended by sixty-two patients. At King Street thirty-nine sessions were held and one hundred and forty-one patients attended. The women attending the Queen Victoria Nursing Institution are invited by the Superintendent of the Home, who arranges the sessions on Friday mornings when convenient. Those attending King Street do so at the invitation of the health visitors, midwives, or other welfare workers who come across them during their activities among the poor.

If there is any reason to suppose that it would be necessary to have a doctor present at the confinement the patient is strongly advised to consult him, and a letter is sent from the clinic telling him of her condition. No woman who has already engaged the doctor for her confinement is ever examined. She is given general advice, her urine is examined, and she is urged to see her doctor frequently.

Although this work is not growing so rapidly as one would wish, we hope it may increase when the clinics are held in the new building where the women can be seen more comfortably and with more privacy. At present it is disappointing but perhaps in time the mothers may be educated up to taking a little interest in their own well-being. Just now all their efforts in that direction appear to be directed towards their husbands and children.

Dental Work

Dental treatment is arranged for pregnant and nursing mothers and children under five years of age, at the School Clinic premises. The Dental Officer holds sessions on Monday and Thursday evenings as required, and treats patients recommended by the Assistant Medical Officer. Much further education will be required before it will be possible to make mothers realise the importance of having clean mouths, and there still remains the belief that children's first teeth should not be touched. In many cases toddlers may cry all day and night with toothache and thoroughly upset themselves and their mothers too, but no amount of persuasion will induce the parents to allow the dentist to deal with the offending teeth. Improvement in this direction

is slow but we are getting a little encouragement. The arrangements for paying for this treatment are made as easy as possible for the mother. She is allowed to pay in weekly instalments—as small as she likes as long as she pays regularly. As soon as the first payment is made she may have teeth extracted or stopped and when she has paid half the amount of her bill she may be fitted with artificial teeth.

During the year the cost of material was about £22 and bills amounting to about £33 have been sent to twenty-five patients. Just over £53 has been collected from these and from those who had accounts outstanding at the end of the previous year. Table M. & C.W. 10 shews the numbers dealt with and the forms of treatment given.

One pint of "Grade A" milk is allowed daily for one month Free Milk to nursing and pregnant mothers (to the latter in the last three months of pregnancy) and to children up to one year of age, provided that the income of the family is not above a certain scale approved by the Ministry of Health. In the case of baby twins two pints are allowed, or a six months' pregnant mother with a child under one year is allowed two pints. Very careful inquiries are made in order, if possible, to arrive at the correct income of the family. Application forms are filled up by applicants and all statements made as to income are verified by inquiries to employers, Clerk to Guardians, Unemployment Bureau, Pensions Office, etc. Every application is considered by a special Sub-committee of the Maternity and Child Welfare Committee which meets every Monday morning for this purpose. Each application for renewal is treated as a fresh case and inquiries are made accordingly. The scale of income below which milk is allowed remains the same as in June, 1921. The question of reducing it has been under consideration on several occasions, but each time it was decided that the cost of living and general conditions did not permit of any alteration being made. 36,672 pints of "Grade A" milk were supplied under contract with a local firm at a cost of about £455. 1,171 applications were considered by the Committee, of which 1,037, including 236 renewals, were granted. One hundred and thirty-four were refused.

"Cow and Gate" dried milk was sold at the Public Health Office as before at a reduced rate on the recommendation of the Assistant Medical Officer. Unless there are exceptional circumstances, this is allowed only for children up to one year of age. 5,517 pounds were sold to 159 separate customers during the year. This represents a weight of two and a half tons at a cost of £414, all of which was refunded by the mothers.

This form of assistance has never been very popular with the mothers, they much prefer to have free milk. Only five Free Dinners women attended, one for each of the following periods:—three months, two months, six weeks, three weeks, and ten days. At the end of the year there were no names on the books.

Puerperal
Fever

Eleven notifications of puerperal fever were received by the Medical Officer of Health during the year. Besides these, information was supplied by the Registrar of Deaths of two cases admitted from the County to the General Hospital. Of the notified cases, five died (one not till the beginning of 1925) and six recovered. Five were the patients of doctors and six of midwives. Four were removed to the General Hospital and one to the Poor Law Institution. Six were instrumental deliveries and five normal. Four are accounted for by the outbreak which occurred at the Queen Victoria Maternity Home in June; three of these recovered and one, the last of the series, died.

Apart from puerperal sepsis three women have died during the puerperium. One, a young woman of twenty-five, died of post-partum hæmorrhage and cardiac failure a few hours after the birth of the baby. This woman suffered from chronic heart disease and had been previously warned by the doctor that if she became pregnant she would probably not survive parturition. Another woman, aged thirty-nine, was suffering from pneumonia when her baby was born and after the birth of a stillborn infant had eclamptic fits and died the next day. The other woman, aged forty-five, died from eclampsia and exhaustion.

Ophthalmia
Neon-
atorum

Eleven cases of ophthalmia neonatorum, eight boys and three girls, were notified. One of these was the child of Northampton parents who was born in London and has now returned to Northampton. The mother is mentally deficient and attended the V.D. Clinic suffering from profuse vaginal discharge. The baby's eyes still discharge and one appears to be permanently damaged. It is being treated at Hospital. This is the only case in which a history of vaginal discharge could be obtained. Two cases attended the General Hospital for treatment, the one just mentioned and another which died of congenital syphilis in January, 1925. The rest were looked after at home.

Seven cases occurred during the first week of life, three during the second, and one on the twenty-eighth day. Six were the patients of midwives and four of doctors. In nine the eyes have cleared up quite satisfactorily. Bacteriological examination was made in two instances only; in one the swab shewed gonococci present, in the other (the child who died of congenital syphilis) no gonococci were found.

Diarrhœa
and
Enteritis

Four children under the age of two years died of diarrhœa and enteritis. The death-rate per thousand living for the disease was 0·04 and 2·6 per thousand births. The number is considerably lower than in 1923, when nine children under two years of age died from this cause.

TABLE M. & C.W. 1. ENGLAND AND WALES AND NORTHAMPTON, 1920-1924.
INFANT MORTALITY. COMPARISON BETWEEN THE YEARS OF THE QUIN-
QUENNIUM.

(From the figures of the Registrar General).

	INFANT MORTALITY.				
	1920	1921	1922	1923	1924
England and Wales	80	83	77	69	75
Great Towns (including London)	85	87	82	72	80
Smaller Towns	80	84	75	69	71
London	75	80	74	60	69
Northampton	74	66	52	57	52

TABLE M. & C.W. 2. NORTHAMPTON, 1881-1924.

BIRTH-RATE AND INFANT MORTALITY IN 1921-1924 AND IN EACH OF
THE EIGHT PRECEDING QUINQUENNIA.

QUINQUENNIAL PERIODS.	BIRTH- RATE.	INFANT MORTALITY.
1881-1885	36.0	157.1
1886-1890	32.9	165.1
1891-1895	31.4	152.9
1896-1900	27.6	162.5
1901-1905	24.7	133.6
1906-1910	22.1	111.6
1911-1915	20.6	103.6
1916-1920	18.0	80.5
1921	20.4	65.9
1922	17.7	52.2
1923	17.8	57.2
1924	16.4	52.1

TABLE M. & C.W. 3. NORTHAMPTON, 1920-1924.
INFANT MORTALITY. CAUSES OF DEATH.

CAUSES OF DEATH.	1920	1921	1922	1923	1924
Atrophy, Debility, and Marasmus	31	23	13	10	14
Convulsions	8	6	3	3	4
Bronchitis and Pneumonia	31	19	18	14	15
Whooping Cough	5	2	1	—	5
Measles	2	—	1	2	1
Premature Birth	47	37	22	37	20
Diarrhoea, Enteritis, and Gastritis	14	15	6	11	5
All Other Causes	28	22	22	18	16
TOTAL DEATHS	166	124	86	95	80
TOTAL BIRTHS	2248	1881	1646	1662	1534
INFANT MORTALITY	73.8	65.9	52.2	57.2	52.1

TABLE M. & C.W. 4. NORTHAMPTON, 1924.
INFANT MORTALITY. DEATHS FROM CERTAIN GROUPS OF DISEASES.

	Number.	Proportion per cent.
Common Infections	6	7.5
Diarrhoeal Diseases	5	6.2
Premature Birth	20	25.0
Wasting Diseases	14	17.5
Tuberculous Diseases	2	2.5
All Other Causes	33	41.3
Totals	80	100.0

TABLE M. & C.W. 5. NORTHAMPTON, 1924.
COMPARISON BETWEEN THE NUMBER OF BIRTHS WHICH WERE REGISTERED
AND THOSE WHICH WERE NOTIFIED.

	MALES.	FEMALES.	TOTAL.
Number of Births Registered	811	723	1534
Number of Births Notified	843	736	1579
Number of Live Births Notified	815	714	1529

TABLE M. & C.W. 6. NORTHAMPTON, 1924.

NOTIFICATION OF BIRTHS. SOURCES OF NOTIFICATION.

	Number.	Proportion per cent.
Medical Practitioners	557*	35.2
Certified Midwives	704	44.6
Parents and Others	318	20.2
Totals	1579	100.0

*Includes 103 also notified by midwives.

TABLE M. & C.W. 7. NORTHAMPTON, 1924.

NOTIFICATION OF BIRTHS. NUMBER AND CLASSIFICATION OF NOTIFIED AND NON-NOTIFIED CASES OF BIRTH, THE CIRCUMSTANCES ATTENDING WHICH WERE THE SUBJECT OF INVESTIGATION.

Classification.	LIVE BIRTHS.								STILLBIRTHS.							
	MATURE.				PREMATURE.				MATURE.				PREMATURE.			
	Single.		Mutiple.		Single.		Multiple.		Single.		Multiple.		Single.		Multiple.	
	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.	Legit.	Illegit.
	I287	47	I6	4	47	I	9	0	26	I	0	0	I2	I	I	0
	I334		20		48		9		27		0		I3		I	
	I354				57				27				I4			
Totals.	I4II								4I							
	I452															

TABLE M. & C.W. 8. NORTHAMPTON, 1924.
MATERNITY AND INFANT WELFARE CENTRES. STATISTICS.

CENTRE.	DAY OF MEETING. (2.30—4.30 P.M.).	AVERAGE ATTENDANCE PER WEEK.			Average Number consulting Doctor per Session.
		Mothers (incl. Expectant Mothers).	Expectant Mothers.	Babies and Toddlers.	
Abington Avenue	Thursdays	41	2	47	39
Artizan Road	Fridays	36	2	42	35
Doddridge Memorial	Tuesdays	47	3	54	46
Far Cotton	Fridays	39	2	48	37
Hull Memorial	Thursdays	36	1	42	38
King Street	Wednesdays	24	2	29	26
Kingsthorpe	Tuesdays	30	1	38	30
St. Sepulchre's	Wednesdays	42	2	53	39
	Totals	295	15	353	290

TABLE M. & C.W. 9. NORTHAMPTON, 1924.
MIDWIVES ACTS. NOTIFICATIONS RECEIVED FROM MIDWIVES.

NATURE OF REPORT.	MIDWIVES NOTIFYING.	NO. OF REPORTS.	REMARKS.
Records of Sending for Medical Help ...	16	180	Mother's condition 131 Infant's condition 49
Notifications of Still- birth	5	19	Full Term 7 Premature 12
Notifications of Death	3	9	Mothers 2 Infants 7
Notifications of Artificial Feeding ...	6	24	Mother's condition 24 Infant's condition —
Notifications of Liability to be a Source of Infection	2	5	—
Notifications of Having Laid Out a Dead Body	1	4	Patients nursed by Midwife acting as General Nurse ... 4
Total	17	241	—

TABLE M. & C.W. 10. NORTHAMPTON, 1924.

SUMMARY OF DENTAL OPERATIONS.

NATURE OF OPERATION, ETC.	MOTHERS.	CHILDREN.	TOTALS.
Number seen	39	58	97
Number treated	24	53	77
Number of attendances	131	88	219
Number of teeth extracted	89	99	188
Number of administrations of local anæsthetic	27	40	67
Number of fillings	44	—	44
Number of linings	21	—	21
Number of teeth treated with nitrate of silver	23	225	248
Number of dressings	10	—	10
Number of scalings	7	—	7
Number of artificial plates	14	—	14
Number of plates remodelled	—	—	—
Number of plate repairs	4	—	4
Number of teeth on plates	154	—	154
Number of other operations	14	1	15
Number completed	19	37	56
Number partly completed, continued to 1925	12	9	21

TABLE M. & C.W. 11. NORTHAMPTON, 1924.

OPHTHALMIA NEONATORUM. ANALYSIS OF CASES NOTIFIED, WITH
ULTIMATE RESULT.

CASES NOTIFIED.	TREATED.		ULTIMATE RESULT.			
	AT HOME.	IN HOSPITAL.	VISION UN- IMPAIRED.	PROBABLY IMPAIRED.	TOTAL BLINDNESS.	DIED.
11	9	2*	10†	1	—	—

* Treated as out-patients only.

† One died of congenital syphilis in January, 1925.

See also Section V. of Medical Officer's Report (page 31).

APPENDIX III.

STATISTICAL TABLES.

TABLE I. NORTHAMPTON, 1915-1924.

NATURAL INCREASE OF POPULATION IN EACH YEAR OF THE DECENNIUM.

Year. (middle)	Population. (total)	Births.	Deaths.	Natural Increase of Population.	Increase per 1,000.
1915	91123	1754	1536	218	2·4
1916	93709	1893	1148	745	7·9
1917	91932	1471	1175	296	3·2
1918	90884	1313	1385	—	—
1919	92653	1411	1218	193	2·1
1920	92950	2248	1047	1201	12·9
1921	92300	1881	964	917	9·9
1922	92950	1646	1046	600	6·4
1923	93230	1662	1086	576	6·2
1924	93590	1534	1036	498	5·3

TABLE 2. ENGLAND AND WALES AND NORTHAMPTON, 1915-1924.

BIRTH-RATES IN EACH YEAR OF THE DECENNIUM.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
England & Wales ...	21·8	21·6	17·8	17·7	18·5	25·4	22·4	20·6	19·7	18·8
Northampton	19·3	20·2	16·0	14·4	15·3	24·2	20·4	17·7	17·8	16·4

TABLE 3. ENGLAND AND WALES AND NORTHAMPTON, 1915-1924.

DEATH-RATES IN EACH YEAR OF THE DECENNIUM.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
England & Wales ...	14·8	14·0	14·4	17·6	13·8	12·4	12·1	12·9	11·6	12·2
Northampton	17·0	13·3	14·2	17·1	13·7	11·3	10·4	11·3	11·6	11·1

TABLE 4. NORTHAMPTON, 1924.

SUMMARY OF ROUTINE WORK CARRIED OUT BY THE INSPECTORS OF THE
DEPARTMENT DURING THE YEAR.

	Number of Inspections, etc.	No. at which Nuisances, Con- traventions or Defects found
1.—Total Number of Inspections and Visits	16795	
2.—Number of Premises at which Nuisances were Found		1358
3.—Total Number of Houses Inspected	2722	1220
4.—Number of these Houses Repaired		639
5.—Number of these Houses Cleansed and Whitewashed		775
6.—Number of Houses Cleansed after Certificate of M.O.H. (Sec. 46, P.H.A. 1875)		23
7.—Number of First Visits made in consequence of Complaints by Residents	659	533
8.—Statutory Notices Served	695	
9.—Drains :—		
Tested by Smoke Test	71	56
Tested by Volatile Test	32	12
Tested by Water Test	7	1
Exposed under Sec. 41, P.H.A. 1875	8	8
Drains reported choked		139
Drains reconstructed		62
Drains repaired		52
Bath, lavatory or sink waste pipes dis- connected from drains		1
New pans fixed to closets		46
Indoor soil pipes abolished		0
Closets supplied with flushing apparatus		8
10.—Contraventions of Bye-laws :—		
Animals kept so as to be a nuisance		2
Animals kept in contravention of Bye-laws		3
Accumulations of manure, etc., at :—		
(a) Houses		3
(b) Other premises		41
Other contraventions		9
11.—Other Nuisances :—		
Overcrowding in houses		23
Yard pavings re-laid or repaired		144
Spoutings repaired or renewed		185
New slop sinks fixed		65
Inspections of courts and alleys	11	10
Houses supplied with town water		2
Smoke observations	15	6
Miscellaneous nuisances		175

TABLE 4.—*continued.*

	Number of Inspections, etc.	No. at which Nuisances, Con- traventions or Defects found
12.—Factories and Workshops:—		
Number of Factories Inspected	83	18
Number of Workshops Inspected	139	15
Number of Workplaces Inspected	100	23
Number of Outworkers' Premises Inspected	49	7
13.—Dairies, Cowsheds, and Milkshops:—		
Number of Inspections	245	13
Number of New Registrations	23	
14.—Bakehouses—Number of Inspections	257	49
15.—Slaughterhouses:—		
Number of Inspections while Slaughtering was in Progress	3968	87
Number of other Inspections	187	28
16.—Other Premises where Food is Manufactured or Stored—Number of Inspections	1199	17
17.—Food and Drugs Acts—Number of Samples sent to Analyst	269	20
18.—Infectious Diseases—Visits to Infected Houses:—		
(a) First visits for investigation	1668	
(b) Weekly visits to secure isolation	1707	
(c) Visits to control disinfection	1355	
Houses stripped under I.D.P. Act	932	
19.—Tuberculosis—Houses stripped, etc. under Tuber- culosis Regulations, etc.	112	
20.—Number of Visits for Inspection of:—		
(a) Schools	7	0
(b) Public Lavatories	50	3
(c) Van-dwellers	41	8
(d) Cinemas, etc.	14	0
21.—House-to-House Inspection—Number of Houses Inspected	173	123
Houses Cleansed and Whitewashed		111
Defective Houses Repaired		93
Houses unfit for Human Habitation reported to M.O.H. under:—		
(a) Sec. 17, H.T.P. Act, 1909	6	6
(b) Sec. 28, H.T.P. Act, 1919	0	0

TABLE 5. NORTHAMPTON, 1924.

DRAIN EXAMINATION UNDER SECTION 41 OF THE PUBLIC HEALTH ACT, 1875.

SITUATION OF PREMISES.	RESULT OF EXAMINATION.	REMARKS.
Adelaide Place, 1, 2, 3, 4, 5, 6, & 7	Defective	Reconstructed
Roe Road, 21	Defective	Repaired
No. of Drains examined		8

TABLE 6. NORTHAMPTON, 1924.

RECONSTRUCTION OF DRAINS.

SITUATION OF PREMISES.	NO. OF HOUSES.
Adelaide Place, 1, 2, 3, 4, 5, 6, 7	7
Alfred Street, 21, 23	2
Alpha Street, 23, 25	2
Bath Street, Hooton's Warehouse Office	1
Brunswick Street, 31, 33, 35, 37, 39	5
Castle Street, 16, 18, 20	3
Chaucer Street, 28, 30	2
Drapery, 21, 25	2
Fort Street, 13	1
Grafton Street, 109	1
Grove Road, 67	1
Kettering Road, 133, 135	2
Lorne Road, 67, 69	2
Newland, 29, 31, 33	3
Palmerston Road, 38, Business Premises adjoining, 40, 42, 44, 70, 72	7
St. George's Place, 8	1
St. James' Road, 55a, 56, 58, 60	4
Shakespeare Road, 30, 32	2
Vernon Street, 54, 56, 58	3
Wellingborough Road, 41, 43, 45, Business Premises adjoining, 47, 49, 51	7
Wellington Place, 13	1
Western Terrace, 7, 8	2
Wood Hill, "Black Boy"	1
Total	62

TABLE 7. NORTHAMPTON, 1924.

UN SOUND FOOD. STATEMENT OF CARCASSES OF MEAT CONDEMNED,
SHEWING NUMBER AFFECTED WITH TUBERCULOSIS.

	MEAT CONDEMNED.		MEAT FOUND TO BE TUBERCULOUS.	
	WHOLE CARCASSES.	PART CARCASSES.	WHOLE CARCASSES.	PART CARCASSES.
Beef	84	72	65	43
Mutton	34	—	—	—
Pork	76	112	38	111
Veal	11	—	—	—
Goat	2	—	—	—

TABLE 8. NORTHAMPTON, 1924.

UN SOUND FOOD SEIZED, CONDEMNED BY MAGISTRATES, AND DESTROYED.

NATURE OF FOOD.	WEIGHT.			PLACE OF SEIZURE.	REMARKS.
	cwt.	qrs.	lbs.		
Beef	7	1	10	Slaughterhouse	Case dismissed.
Mutton	—	2	9	Cart in street	Fined £20.
Total	7	3	19		

TABLE 9. NORTHAMPTON, 1924.

UNSOUND FOOD VOLUNTARILY SURRENDERED AND DESTROYED.

NATURE OF FOOD.	WEIGHT.			
	TONS.	CWTS.	QRS.	LBS.
Beef, home killed	24	13	2	4
Beef, imported	—	7	0	4
Mutton, home killed	—	9	0	25
Offal, home killed	1	9	1	4
Offal, imported	—	1	1	19
Pork, home killed	4	17	0	18
Pork, imported	—	—	—	11
Veal, home killed	—	9	3	12
Goat, home killed	—	—	1	14
Bacon	—	—	—	10
Sausages	—	—	1	18
Eggs, imported	—	2	2	21
Fish	5	10	2	6
Fruit	3	8	2	5
Turkeys	—	1	2	13
Total	41	11	3	16

Also—4,804 tins of food, 84 rabbits, 1 goose, and 1 chicken.

TABLE 10. NORTHAMPTON, 1924.

UNSOUND FOOD. TOTAL QUANTITY DEALT WITH BY THE DEPARTMENT DURING THE YEAR.

METHOD OF OBTAINING POSSESSION.	WEIGHT.			
	TONS.	CWTS.	QRS.	LBS.
2 Seizures	—	7	3	19
576 Surrenders	41	11	3	16
Total	41	19	3	7

TABLE II. NORTHAMPTON, 1920-24.
UN SOUND FOOD. AMOUNT DEALT WITH BY THE DEPARTMENT IN EACH
OF THE LAST FIVE YEARS.

YEAR.	WEIGHT.			
	TONS.	CWTS.	QRS.	LBS.
1920	46	0	3	12
1921	29	15	2	0
1922	46	17	0	2
1923	40	19	1	2
1924	41	19	3	7

TABLE 12. NORTHAMPTON, 1924.
FOOD AND DRUGS. SAMPLES TAKEN FOR ANALYSIS.

NATURE OF SAMPLE.	INFORMAL SAMPLES.		OFFICIAL SAMPLES.	
	TOTAL NUMBER.	NO. NOT GENUINE.	TOTAL NUMBER.	NO. NOT GENUINE.
Arrowroot	7	—	—	—
Baking Powder	4	—	1	—
Butter	2	—	10	—
Camphorated Oil	6	—	2	—
Cream	10	—	1	—
Cream (preserved)	6	—	—	—
Cream of Tartar	7	—	—	—
Dripping	—	—	3	—
Flour	1	—	1	—
Flour (self-raising)	1	—	—	—
Ipecacuanha Wine	2	—	4	—
Jam	—	—	2	—
Lard	—	—	6	—
Margarine	2	—	8	—
Milk	—	—	148	16
Milk (separated)	—	—	9	—
Mustard	2	—	1	—
Pepper	2	—	2	—
Red Precipitate Ointment	1	1	—	—
Sausages	6	2	1	—
Sugar	2	—	—	—
Sweet Spirits of Nitre ...	2	—	2	—
Vinegar	—	—	4	—
White Precipitate Ointment	1	1	—	—
Totals	64*	4	205*	16

*A grand total of 269 samples, twenty of which (7·4 per cent.) were found not to be genuine.

TABLE 13. NORTHAMPTON, 1915—1924.

ZYMOTIC DEATHS AND DEATH-RATES.

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924
Number of Deaths	246	37	77	39	23	44	32	25	26	28
Death-rates	2.72	0.43	0.93	0.48	0.26	0.48	0.35	0.27	0.28	0.30

TABLE 14. NORTHAMPTON, 1924.

ZYMOTIC DISEASES. DEATHS IN MUNICIPAL WARDS.

WARD.	Smallpox.	Measles.	Scarlatina.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Diarrhoea (Under 2 years).	Total.
Abington	—	—	I	—	—	I	—	2
Castle	—	—	—	3	—	—	I	4
Delapre	—	—	2	I	—	—	—	3
Kingsley	—	—	—	I	—	I	—	2
Kingsthorpe...	—	—	—	—	—	—	I	I
North	—	—	I	2	—	I	—	4
St. Crispin's	—	—	I	—	—	—	—	I
St. Edmund's	—	—	—	I	—	—	—	I
St. James' ...	—	—	—	I	—	—	I	2
St. Lawrence's	—	I	—	2	—	—	I	4
St. Michael's	—	—	—	—	I	—	—	I
South	—	—	I	2	—	—	—	3
Borough	—	I	6	I3	I	3	4	28

TABLE 15. NORTHAMPTON, 1924.

MEASLES AND RUBELLA, AND WHOOPING COUGH. MONTHLY INCIDENCE AND MORTALITY.

MONTHS.	MEASLES AND RUBELLA.		WHOOPING COUGH.	
	CASES REPORTED.*	DEATHS.	CASES REPORTED.*	DEATHS.
January	—	—	2	—
February	4	—	2	1
March	3	—	4	—
April	—	—	5	—
May	4	—	113	—
June	20	—	52	1
July	62	—	55	1
August (holiday)...	7	—	6	2
September	81	—	100	—
October	91	—	63	2
November	142	1	82	—
December	156	—	26	6
Totals	570	1	510	13

*Reported from Public Elementary Schools.

TABLE 16. NORTHAMPTON, 1920—1924.

ENTERICA.

Year.	Notifica- tions.	Attack- rates per 1,000.	Deaths.	Death- rates.	Fatality.	Numbers removed to Hospital.	Removal rates per cent.
1920	1	0·01	—	—	—	1	100·0
1921	12	0·13	1	0·01	8·3	10	83·3
1922	3	0·03	—	—	—	2	66·7
1923	10	0·11	—	—	—	5	50·0
1924	7	0·07	3*	0·03	42·9	3†	42·9

Figures given in this Table refer to notifications received without reference to corrected diagnosis, but are exclusive of military cases.

*Including one death "inward transferable" of a case not notified in Northampton.

†All removed to General Hospital.

TABLE 17. NORTHAMPTON UNION, 1904—1923.

VACCINIA. NUMBER OF CHILDREN PER CENT. WHO HAVE NOT BEEN VACCINATED, AFTER DEDUCTING THE NUMBER DEAD BEFORE VACCINATION TOOK PLACE.

YEAR.	PROPORTION PER CENT.	YEAR.	PROPORTION PER CENT.
1904	76.2	1914	82.7
1905	66.8	1915	83.8
1906	67.1	1916	83.8
1907	76.8	1917	83.7
1908	78.3	1918	83.0
1909	80.5	1919	83.6
1910	81.8	1920	87.4
1911	82.3	1921	88.4
1912	84.7	1922	88.2
1913	80.1	1923	83.0

TABLE 18. NORTHAMPTON, 1889—1924.
SCARLATINA.

Years.	Notifi- cations.	Attack- rates per 1,000.	Deaths.	Death-rates.	Fatality.	Numbers removed to Hospital.	Removal rates per cent.
1889	58	0.98	19	0.30	32.7	12	20.6
1890	105	1.73	4	0.06	3.8	34	32.4
1891	43	0.70	1	0.02	2.3	19	44.2
1892	375	6.06	2	0.03	0.5	126	33.6
1893	209	3.33	6	0.14	1.4	66	31.6
1894	429	6.73	5	0.08	1.2	200	46.6
1895	269	4.16	9	0.14	3.3	139	51.7
1896	384	5.86	11	0.17	2.8	264	68.7
1897	866	13.02	41	0.61	4.1	432	49.8
1898	731	10.84	15	0.22	2.1	317	43.4
1899	338	4.95	11	0.18	3.2	232	68.6
1900	93	1.34	3	0.05	3.2	67	72.1
1901	171	1.96	3	0.03	1.7	108	63.2
1902	161	1.84	3	0.03	1.9	118	73.2
1903	662	7.55	24	0.27	3.6	398	60.1
1904	2224	25.27	40	0.45	1.8	746	33.5
1905	827	9.34	16	0.18	1.9	493	59.6
1906	276	3.11	5	0.06	1.8	208	75.4
1907	307	3.45	5	0.06	1.6	222	72.3
1908	731	8.19	5	0.05	0.7	451	61.7
1909	951	10.62	4	0.04	0.4	612	64.3
1910	279	3.15	0	0.00	0.0	208	74.5
1911	136	1.51	0	0.00	0.0	108	79.4
1912	279	3.08	1	0.01	0.3	229	82.1
1913	435	4.79	6	0.07	1.4	282	64.8
1914	365	4.02	2	0.02	0.5	226	61.9
1915	681	7.54	8	0.09	1.2	335	49.2
1916	262	3.04	2	0.02	0.8	187	71.4
1917	59	0.71	0	0.00	0.0	37	62.7
1918	37	0.46	1	0.01	2.7	26	70.3
1919	71	0.80	0	0.00	0.0	44	62.0
1920	62	0.66	0	0.00	0.0	49	79.0
1921	118	1.28	1	0.01	0.8	89	75.4
1922	297	3.19	2	0.02	0.7	175	58.9
1923	409	4.39	6	0.06	1.5	247	60.4
1924	1056	11.28	6	0.06	0.6	530	50.2

Figures given in this Table refer to notifications received without reference to corrected diagnosis, but are exclusive of military cases.

TABLE 19. NORTHAMPTON, 1924.
SCARLATINA. MONTHLY INCIDENCE.

MONTHS.	CASES.	MONTHS.	CASES.
January	54	July	108
February	31	August	152
March	47	September	183
April	50	October	158
May	45	November	110
June	40	December	78

TABLE 20. NORTHAMPTON, 1904-1924.
SCARLATINA. INCIDENCE IN CERTAIN AGE-GROUPS.

YEARS.	TOTAL CASES NOTIFIED.	UNDER 5 YEARS.		5 TO 15 YEARS.		TOTAL UNDER 15 YEARS.	
		NO.	PER CENT.	NO.	PER CENT.	NO.	PER CENT.
1904-08	4365	1172	26.9	2769	63.4	3941	90.3
1909-13	2080	530	25.5	1273	61.2	1803	86.7
1914-18	1404	316	22.5	855	60.9	1171	83.4
1919-23	957	193	20.2	621	64.9	814	85.1
1904 to 1923 (20 YEARS)	8806	2211	25.1	5518	62.7	7729	87.8
1924	1056	208	19.7	602	57.0	810	76.7

TABLE 21. NORTHAMPTON, 1924.
SCARLATINA. GENUINE NORTHAMPTON CIVIL CASES. AGE AND SEX
DISTRIBUTION.

	Un- der 1	1 to 2	2 to 3	3 to 4	4 to 5	Total under 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and over	Total
Males ...	1	12	18	29	41	101	243	61	20	2	—	427
Females	5	10	17	24	36	92	334	109	34	2	—	571
Totals ..	6	22	35	53	77	193	577	170	54	4	—	998

TABLE 22. NORTHAMPTON, 1924.
SCARLATINA. SECONDARY CASES IN INFECTED HOUSES WITH PRIMARY CASES AT HOME OR IN HOSPITAL.
CONTACTS AND ACCOMMODATION.

CLASSIFICATION.	NUMBER OF HOUSES.	TOTAL SUSCEPTIBLE CONTACTS.			SUSCEPTIBLE CHILDREN.			ROOMS IN HOUSES.			
		Number.	Developed Scarlatina.	Proportion Per Cent.	Number.	Developed Scarlatina.	Proportion Per Cent.	Total. Rooms.	Average.	Bed- rooms.	Average.
PRIMARY CASE KEPT AT HOME.	With No Second- ary Case	1146	—	—	271	—	—	2052	5.78	1051	2.96
	With Secondary Cases	245	86	35.10	96	71	73.96	360	5.71	184	2.92
	Total	1391	86	6.18	367	71	19.35	2412	5.77	1235	2.95
PRIMARY CASE SENT TO HOSPITAL.	With No Second- ary Case	1361	—	—	471	—	—	1587	5.29	822	2.74
	With Secondary Cases	470	98	20.85	169	82	48.52	383	5.32	200	2.78
	Total	1831	98	5.35	640	82	12.81	1970	5.30	1022	2.75
GRAND TOTALS		3222	184	5.71	1007	153	15.19	4382	5.54	2257	2.86

TABLE 23. NORTHAMPTON, 1920—1924.
DIPHTHERIA.

Year.	Notifica- tions.	Attack- rates per 1,000.	Deaths.	Death- rates.	Fatality.	Numbers removed to Hospital.	Removal rates per cent.
1920	202	2·18	9	0·10	4·4	144	71·3
1921	217	2·35	9	0·10	4·1	142	65·4
1922	169	1·82	9	0·10	5·3	102	60·3
1923	82	0·88	4	0·04	4·9	58	70·7
1924	87	0·93	1*	0·01	1·1	41†	47·1

Figures given in this Table refer to notifications received without reference to corrected diagnosis, but are exclusive of military cases.

* Excludes one death "outward transferable."

† Includes two removals from General Hospital to Borough Hospital and one case treated at General Hospital only.

TABLE 24. NORTHAMPTON, 1924.
DIPHTHERIA. GENUINE NORTHAMPTON CIVIL CASES. AGE AND SEX
DISTRIBUTION.

	Un- der 1	1 to 2	2 to 3	3 to 4	4 to 5	Total under 5	5 to 15	15 to 25	25 to 45	45 to 65	65 and over	Total
Males ...	—	2	2	1	4	9	17	5	3	2	—	36
Females	—	1	2	3	3	9	26	6	3	—	—	44
Totals ..	—	3	4	4	7	18	43	11	6	2	—	80

TABLE 25. NORTHAMPTON, 1924.
BOROUGH HOSPITAL, HARBOROUGH ROAD. CASES OF COMMUNICABLE
DISEASE UNDER TREATMENT.

	Scarlat- ina.	Diph- theria.	Enterica.	Total.
Number remaining from 1923	47	5	1	53
Number admitted during 1924	528	40	—	568
Number discharged during 1924	503	40	1	544
Number died during 1924	5	—	—	5
Number remaining at end of 1924	67	5	—	72

TABLE 26. NORTHAMPTON, 1924.
CLINICAL BACTERIOLOGY. NUMBER OF SUSPECTED CASES IN WHICH EXAMINATION WAS
MADE AND THE NUMBER AND NATURE OF THE REPORTS RECEIVED IN CONNECTION WITH THESE.*

DIPHTHERIA— Throat and Nose Secretions.	TYPHOID AND PARATYPHOID FEVERS— Dreyer's Tests, etc.			TUBERCULOSIS— Sputum, Urine, etc.			OTHER CONDITIONS.			TOTAL.		
	No. of Suspected Cases		Reports received.	No. of Suspected Cases		Reports received.	No. of Suspected Cases		Reports received.	No. of Suspected Cases		Reports received.
	Positive	Negative	Total	Positive	Negative	Total	Positive	Negative	Total	Positive	Negative	Total
419	230	606	836	164	328	492	1	1	2	399	941	1340
	10		10	378		492	2		2	809		1340

* The above Table does not take into account the reports made in connection with the venereal diseases scheme.

TABLE 27. NORTHAMPTON, 1924. METEOROLOGICAL DATA.

MONTH.	RAINFALL.				TEMPERATURE.						DIRECTION OF WIND.					Quarters.
	Total inches.	Greatest in 24 hours.		Days in which 0.01 in. or more fell.	Mean.	Maximum.		Minimum.		No. of Nights at or below 32 deg.	S. W. Quadrant including W. Days.	S. E. Quadrant including S. Days.	N. E. Quadrant including E. Days.	N. W. Quadrant including N. Days.		
		Depth.	Date.			Deg.	Date.	Deg.	Date.							
January ...	2.33	0.33	21	20	39.36	50.7	11	26.9	9	11	8	10	3	10	First.	
February	0.45	0.15	24	12	38.52	49.8	2	20.4	17	13	6	2	7	14		
March	0.89	0.37	2	9	40.49	61.9	12	23.6	10	21	8	10	9	4		
April	2.91	0.75	10	14	47.59	73.0	21	26.6	10	7	8	4	7	11	Second.	
May	3.91	0.94	31	21	54.11	74.9	28	37.6	5	—	18	4	2	7		
June	1.92	0.30	2	15	59.28	76.7	26	42.8	3	—	16	4	3	7		
July	2.93	0.99	17	17	61.12	85.7	12	43.9	1	—	18	3	2	8	Third.	
August ...	2.04	0.36	29	22	58.58	76.3	11	43.5	17	—	22	1	—	8		
September	2.85	0.62	25	20	56.82	68.8	8	38.0	28	—	20	3	5	2		
October ...	3.56	0.98	21	19	50.83	70.5	13	32.6	18	1	15	5	3	8	Fourth.	
November	2.45	0.82	11	12	44.93	59.3	1	26.7	18	4	9	6	7	8		
December	3.43	0.67	15	19	43.89	54.6	4	31.0	11	2	19	10	1	1		
Year 1924	29.67	0.99	July 17	200	49.63	85.7	July 12	20.4	Feb. 17	59	167	62	49	88		

TABLE 28. NORTHAMPTON, 1924.

NUMBER OF ARTICLES DISINFECTED BY STEAM MONTH BY MONTH AT THE DISINFECTING STATION, ST. ANDREW'S ROAD.

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
653	1951	838	929	794	718	1242	1180	1818	1802	1446	1426	14797

TABLE 29. NORTHAMPTON, 1924.

HOUSING, TOWN PLANNING, &C. ACT, 1909. HOUSES REPRESENTED BY THE MEDICAL OFFICER OF HEALTH DURING THE YEAR. SUBSEQUENT ACTION AND CONDITION AT THE END OF THE YEAR.

HOUSES.	DATE OF			REMARKS.
	Representa- tion.	Closing Orders.	Demolition Orders.	
Silver Street, 36 & 38 ...	9-5-24	11-11-24	—	Both empty.
Vicarage Lane, The Yard, 2, 3, 4, & 5	14-11-24	—	—	All occupied. (Closing Orders on 2-2-25).

TABLE 30. NORTHAMPTON, 1924.

HOUSING, TOWN PLANNING, &C. ACT, 1909. HOUSES REPRESENTED BY THE MEDICAL OFFICER OF HEALTH PREVIOUS TO 1924, BUT NOT FINALLY DEALT WITH BEFORE THIS YEAR BEGAN. ACTION TAKEN DURING 1924 AND CONDITION AT THE END OF THE YEAR.

HOUSES.	DATE OF			REMARKS.
	Representa- tion.	Closing Orders.	Demolition Orders.	
Bearward Street, 31 ...	24-9-19	1-12-19	—	Used as store (bed-room floors taken up).
Bearward Street, 36 ...	19-2-19	2-6-19	—	Used as shed and warehouse (not reconstructed).
Chalk Lane, 22, 23, 24, & 25	21-9-21	*	—	All occupied.
Chapel Place, 11, 12, & 13	24-9-19	—	—	All empty. (Re-represented in 1925).
Chapel Place, 14, 15, 16, 17, 18, & 19	16-10-19	—	—	Nos. 15 & 16 occupied only. (Re-represented in 1925).
Freeschool Street, 18 & 20	21-10-14	1-3-15	4-10-15	Used as store, etc. (internal alterations).
Freeschool Street, 22 ...	21-1-20	7-6-20	—	Empty. No Demolition Order yet made.
Green Street, 58, 60, & 62	23-4-19	28-7-19	—	Nos. 58 & 60 still occupied ; No. 62 converted into and used as lock-up shop.
King Street, 10 & 11	17-12-19	8-3-20	—	Both used as stores (nor reconstructed).
Leicester Street, 6, 8, & 10	17-12-19	*	—	All occupied.
Manor Road, 7	21-1-20	—	—	Shored up at back. Occupied. (Re-represented in 1925).
Melbourne Street, 53 ...	21-3-23	30-7-23	—	Empty. No work done.
Nelson Street, 17	19-11-19	*	—	Occupied.
Riding, 7 & 8	20-9-22	1-1-23	—	Both occupied.
Riding, 15	20-9-22	4-12-22	—	Empty.
Riding, 16, 17, 18, 19, 20, 21, & 22	19-7-22	4-12-22	—	No. 16 empty ; Nos. 17 & 18 occupied. Remainder demolished.

TABLE 30.—*continued.*

HOUSES.	DATE OF			REMARKS.
	Representa- tion.	Closing Orders.	Demolition Orders.	
Riding, 25, 26, 27, 28, 29, & 32	20-9-22	4-12-22	—	Nos. 25, 26, & 32 occupied ; Nos. 27 & 28 empty ; No. 29 converted into shed with Nos. 30 & 31.
Riding, 33, 34, 35, 36 37, 38, & 39	20-9-22	1-1-23	—	All occupied
St. Mary's Street, 4 & 6	31-10-12	10-2-13	8-1-14	Both used as store (not reconstructed).
Scarletwell Street, 113	21-2-23	4-6-23	—	Empty. Further action not yet con- sidered.
Swan Street, 23, 25, & 27	24-3-20	*	—	All occupied. Dealt with temporarily under Public Health Acts.

*Consideration of Closing Orders postponed by Public Health Committee.

TABLE 31. NORTHAMPTON, 1924.

RESULTS OF LEGAL PROCEEDINGS FOR FAILURE TO COMPLY WITH NOTICES
UNDER THE PUBLIC HEALTH ACT, 1875, OR BYE-LAWS.

MONTH.	OFFENCE.	VERDICT AND REMARKS.
February	Failure to cleanse and white-wash two houses. (Section 46).	Fined 20/- in each case.
April	Failure to execute repairs, cleansing, etc. at seven houses. (Sections 46 and 94).	After two adjournments, the work was completed.
July	Failure to comply with notices under Section 46 (two houses) and under Section 94 (one house).	Adjourned two weeks, when all work completed. Also fined 20/-.
October ...	Failure to execute repairs, cleansing, etc. at one house. (Sections 46 and 94).	Fined £3. Work completed after two weeks' adjournment.
November	Failure to comply with Bye-laws <i>re</i> Caravans, etc. (Four summonses).	One adjourned four times; fined £5. Three adjourned five times; nuisances abated—withdrawn.
December	Failure to comply with notices under Sections 91 and 94 (one house).	Order made for work to be done within two weeks. Work done.

TABLE A. (L.G.B. TABLE I.)

COUNTY BOROUGH OF NORTHAMPTON.

Vital Statistics during 1924 and previous Years.

Year.	Popula- tion esti- mated to Middle of each Year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un- corrected Number.	Nett.		Number.	Rate.	Non- residents registered in the District.	Resi- dents not registered in the District.	Under 1 Year of Age		At all Ages.	
			Number.	Rate.					Number.	Rate per 1000 Nett Births.	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1919	88944	1432	1411	15.3	1301	14.6	137	54	116	82.2	1218	13.7
1920	92488	2318	2248	24.2	1137	12.3	130	40	166	73.8	1047	11.3
1921	92300	1924	1881	20.4	1022	11.1	123	65	124	65.9	964	10.4
1922	92950	1697	1646	17.7	1108	11.9	116	54	86	52.2	1046	11.3
1923	93230	1723	1662	17.8	1177	12.6	140	49	95	57.2	1086	11.6
1924	93590	1591	1534	16.4	1143	12.2	149	42	80	52.1	1036	11.1

This Table is arranged to shew the gross births and deaths in the district and the births and deaths properly belonging to it with the corresponding rates.

Column 6 includes the whole of the deaths registered during the year as having actually occurred within Northampton and excludes any deaths of soldiers and sailors. Such deaths are as follow :—

YEAR.	NO. OF DEATHS.
1919	9
1920	1
1921	0
1922	0
1923	1
1924	0

Area of District in acres (land and inland water)	...	...	3,469
Total Population at all ages	...	...	90,895
Total Families or Separate Occupiers	...	...	21,979
Number of Inhabited Houses	...	...	19,893
At Census 1921.			

TABLE B. (L.G.B. TABLE II.)
COUNTY BOROUGH OF NORTHAMPTON.
Cases of Infectious Diseases notified during the Year 1924.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH WARD.											Total Cases removed to Borough Hospitals		
	At all Ages.	At Ages—Years.							Abington	Castle	Delapre	Kingsley	Kingsthorpe	North	St. Crispin's	St. Edmund's	St. James'	St. Lawrence's	St. Michael's		South	
		Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up- wards														
Smallpox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	87	1	21	43	13	7	2	...	3	8	7	3	3	6	14	11	10	5	9	8	40	...
Erysipelas	54	...	3	2	9	14	18	8	2	10	3	4	5	6	4	3	4	4	8	1	...	...
Scarlatina	1056	8	200	602	180	61	5	...	42	162	83	65	59	133	95	48	140	72	78	79	530	...
Typhus Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enterica	7	...	1	1	2	2	1	...	1	...	...	1	1	...	...	...	...	...	3	1	...	...
Relapsing Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	11	...	...	...	4	7	...	...	1	2	1	...	1	1	...	...	2	...	2	1	...	...
Cerebro-spinal Fever ...	1	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	7	...	3	1	2	1	...	...	1	...	1	...	1	1	1	...	...	...	...	2	...	...
Ophthalmia Neonatorum	11	11	...	...	...	...	...	...	...	1	2	...	1	1	1	1	...	1	1	2	...	...
Pulmonary Tuberculosis	111	...	1	5	31	44	25	5	5	16	7	10	11	6	9	6	9	8	15	9	51*	...
Other Forms of Tuberculosis	14	2	3	2	3	4	...	...	2	1	1	1	1	2	1	...	3	...	1	1	...	...
Pneumonia	428	46	116	50	34	82	67	33	20	84	37	18	16	60	27	21	55	37	35	18	...	...
Encephalitis Lethargica	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...
Polio-encephalitis	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
Dysentery .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria	4	...	...	...	1	3	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	...
Chickenpox	368	23	163	172	6	4	...	...	9	72	22	10	43	45	37	46	9	29	5	41	...	...
Totals	2162	91	511	879	287	230	118	46	86	356	164	112	143	261	189	137	233	157	158	166	621	...

*Thirty to Welford Road Hospital and twenty-one to Creton Sanatorium.

The above figures are exclusive of military cases, but take no account of corrections in diagnosis. (See Section IV. of M.O.H. Report for further information).

Institutions—(1) Harborough Road Infectious Diseases Hospital (total available beds about 100);

(2) Welford Road Tuberculosis Hospital (28 beds);

(3) Smallpox Hospital, near Hardingstone (16 beds);

(4) Northamptonshire Sanatorium, Creton (60 Beds—20 for Northampton County Borough).

TABLE C. (L.G.B. TABLE III.)

COUNTY BOROUGH OF NORTHAMPTON.

Causes of and Ages at Death during the Year 1924.

CAUSES OF DEATH.					NETT DEATHS AT THE SUBJOINED AGES OF " RESIDENTS " WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT.									Total Deaths whether of Residents or Non-Residents in Institutions in the District.
					ALL AGES	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and up-wards	
ALL CAUSES	(Certified	...	...	...	1033	80	14	18	25	44	136	274	442	330
	Uncertified	...	...	...	3	...	...	...	...	...	...	...	3	...
1. Enteric Fever	...	...	...	...	3	...	...	...	...	...	2	1	...	2
2. Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Measles	...	...	...	...	1	1	...	...	...	...	...	...	...	...
4. Scarlet Fever	...	...	...	...	6	...	1	2	2	...	1	...	...	...
5. Whooping Cough	...	...	...	...	13	5	4	4	...	...	...	...	...	...
6. Diphtheria	...	...	...	...	1	...	...	...	1	...	...	...	...	...
7. Influenza (see also 17 (a))	...	...	...	...	14	1	...	...	1	...	1	5	6	1
8. Erysipelas	...	...	...	...	2	...	...	...	...	...	1	...	1	...
9. Phthisis (Pulmonary Tuberculosis)	...	...	...	...	92	...	2	1	...	20	41	26	2	15
10. Tuberculous Meningitis	...	...	...	...	8	2	3	2	1	...	...	...	...	4
11. Other Tuberculous Diseases	...	...	...	...	3	...	...	...	1	1	...	1	...	2
12. Cancer, Malignant Disease	...	...	...	...	130	...	...	1	...	...	15	54	60	43
13. Rheumatic Fever	...	...	...	...	6	...	...	...	1	2	2	1	...	2
*14. Meningitis	...	...	...	...	3	...	...	...	3	...	...	...	...	2
*15. Heart Disease	...	...	...	...	112	...	...	...	3	5	11	32	61	21
16. Bronchitis	...	...	...	...	83	3	...	...	...	...	1	14	65	16
*17. Pneumonia (all forms)	...	...	...	...	99	12	2	4	3	4	23	36	15	15
18. Other Diseases of Respiratory Organs	...	...	...	...	12	...	...	...	...	1	2	5	4	4
19. Diarrhoea and Enteritis	...	...	...	...	4	4	...	...	...	...	...	...	...	...
20. Appendicitis and Typhlitis	...	...	...	...	4	...	...	...	1	1	...	2	...	16
21. Cirrhosis of Liver	...	...	...	...	6	...	...	...	...	...	...	3	3	3
21a. Alcoholism	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22. Nephritis and Bright's Disease	...	...	...	...	23	...	...	...	2	...	3	8	10	15
23. Puerperal Fever	...	...	...	...	4	...	...	...	...	2	2	...	...	7
24. Other Accidents and Diseases of Pregnancy and Parturition	...	...	...	...	3	...	...	...	...	...	2	1	...	2
25. Congenital Debility and Malformation, including Premature Birth	...	...	...	...	41	40	1	...	...	...	...	...	...	10
26. Violent Deaths, excluding Suicide	...	...	...	...	25	3	...	2	1	2	3	3	11	24
27. Suicide	...	...	...	...	13	...	...	...	...	...	3	7	3	2
*28. Other Defined Diseases	...	...	...	...	323	9	...	2	4	6	23	75	204	123
29. Diseases ill-defined or unknown	...	...	...	...	2	...	1	...	1	...	...	...	...	1
TOTALS					1036	80	14	18	25	44	136	274	445	330
*Sub-entries included in above figures.	14 (a) Cerebro-spinal Fever	...	...	...	1	...	...	...	1	...	...	...	...	...
	15 (a) Endocarditis, etc.	...	...	...	7	...	...	...	2	1	...	4	...	1
	17 (a) Influenzal Pneumonia	...	...	...	19	...	...	...	...	2	6	8	3	...
	(b) Broncho-pneumonia	...	...	...	17	8	2	2	...	1	...	2	2	3
	28 (a) Senile Decay	...	...	...	78	...	...	...	...	...	...	...	78	17
	(b) Apoplexy	...	...	...	90	...	...	...	...	...	1	26	63	20
	(c) Poliomyelitis	...	...	...	3	...	...	...	1	2	...	...	...	1
	(d) Polio-encephalitis	...	...	...	1	...	...	...	...	...	1	...	...	...

TABLE D (L.G.B. TABLE IV.)

COUNTY BOROUGH OF NORTHAMPTON.

INFANT MORTALITY DURING THE YEAR 1924.

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.					Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
ALL CAUSES	Certified	...	...	...	23	8	7	...	38	11	15	8	8	80
	Uncertified	...	...	...	...	...	...	...	...	...	...	...	...	...
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chickenpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	2	...	1	2	5
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	1	1	...	2
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningitis (<i>not Tuberculous</i>)	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	2	1	...	3	...	...	...	1	4
Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	...	...	...	...	...	...	...	...	...	1	2	...	...	3
Pneumonia (all forms)	...	...	...	...	...	...	...	...	...	2	5	3	2	12
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteritis	...	...	...	...	1	...	...	...	1	1	2	...	...	4
Gastritis	...	...	...	...	...	1	...	...	1	...	...	...	...	1
Syphilis	...	...	...	...	...	...	...	...	...	...	2	...	...	2
Rickets	...	...	...	...	...	...	...	...	...	...	...	1	1	2
Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	1	...	1	2
Injury at Birth	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Atelectasis	...	...	...	...	2	...	...	...	2	...	...	...	...	2
Congenital Malformations	...	...	...	...	3	...	...	...	3	1	...	...	...	4
Premature Birth	...	...	...	...	14	2	2	...	18	2	...	...	...	20
Atrophy, Debility, and Marasmus	...	...	...	...	3	3	4	...	10	2	1	1	...	14
Other Causes	...	...	...	...	...	...	...	...	...	...	1	...	1	2
Totals					23	8	7	...	38	11	15	8	8	80

Nett Births Registered.					Nett Deaths Registered.					Infant Death-rates.				
	M.	F.	Total.		M.	F.	Total.			M.	F.	Total.		
Legitimate	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Illegitimate	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	785	693	1478	...	43	30	73	...	...	54.8	43.3	49.4	...	...
	26	30	56	...	4	3	7	...	...	153.8	100.0	125.0	...	...
	811	723	1534	...	47	33	80	...	...	57.9	45.6	52.1	...	...

REPORT ON THE

Administration of the FACTORY & WORKSHOP ACT, 1901, in connection with

Factories, Workshops, Workplaces, and Homework.

1.—INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
FACTORIES (Including Factory Laundries and Bakehouses)	83	18	...
WORKSHOPS (Including Workshop Laundries and Bakehouses)	139	15	...
WORKPLACES (Other than Outworkers' Premises)	100	23	...
OUTWORKERS' PREMISES	49	7	...
Totals	371	63	...

2.—DEFECTS FOUND.

Particulars. (1)	Number of Defects			Number of Prosecu- tions. (5)
	Found (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts :—*</i>				
Want of Cleanliness	8	8	...	...
Want of Ventilation .....	...	...	...	...
Overcrowding .....	...	...	...	...
Want of Drainage of Floors .....	...	...	...	...
Other Nuisances	1	1	...	...
Sanitary Accommodation	insufficient	1	...	...
	unsuitable or defective ...	4	4	...
	not separate for sexes ...	...	...	...
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Breach of special sanitary requirements for bakehouses (ss. 97 to 100)	51	51	...	...
Other Offences .....	...	...	...	...
(Excluding offences relating to outwork which are included in Part 3 of this Report)				
Totals	65	65	...	...

*Including those specified in sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOMEWORK.

NATURE OF WORK.	OUTWORKERS' LISTS, SECTION 107.									OUTWORK IN UNWHOLE-SOME PREMISES, SECTION 108.			OUTWORK IN INFECTED PREMISES, SECTIONS 109, 110.		
	Lists received from Employers.						Notices served on Occupiers as to keeping or sending lists. (8)	Prosecutions.		Instances. (11)	Notices served. (12)	Prose-cutions. (13)	Instances. (14)	Orders made (S. 110). (15)	Prose-cutions (Sections 109, 110). (16)
	Sending twice in a year.			Sending once in the year.				Failing to keep or permit inspection of lists. (9)	Failing to send lists. (10)						
	Lists. (2)	Outworkers.		Lists. (5)	Outworkers.										
		Con-tractors. (3)	Work-men. (4)		Con-tractors. (6)	Work-men. (7)									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
WEARING APPAREL :— (1) Making, etc.	10	8	28	2	...	2	...	...	...	7	7	...	5	...	...

There are no Outworkers in any of the other trades usually shown in the above table.
Figures given in Cols. 11 and 12 refer in each instance to premises requiring cleansing and whitewashing.

4.—REGISTERED WORKSHOPS.			5.—OTHER MATTERS.		
Workshops on the Register (S. 131) at the end of the year. (1)	Number. (2)		Class. (1)		Number. (2)
Number of Workshops (including Bakehouses)	274		MATTERS NOTIFIED TO H.M. INSPECTOR OF FACTORIES :—		
Number of Outworkers' Premises on Register	105		Failure to affix abstract of Factory and Workshop Act (s. 133) .....		...
			Action taken in matters referred by H. M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5)	Notified by H.M. Inspector .....	...
				Reports (of action taken) sent to H.M. Inspector	...
			Other .....		...
			Underground Bakehouses (s. 101) in use at the end of the year		
					1
TOTAL Number of Workshops on Register	379				

AGE PERIODS.	Notifications on Form A.												Notifications on Form B. †				Number of Notifi- cations on Form C.			
	Number of Primary Notifications.*												Number of Primary Notifications.*				Total Notifi- cations Form B.	Poor Law In- stitu- tions.	Sana- toria.	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- wards	Total Primary Notifica- tions.	Total Notifi- cations Form A.	Under 5	5 to 10	10 to 15				Total Primary Notifica- tions.
Cols. 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Pulmonary Males	...	1	1	1	7	9	18	8	10	4	2	61	63	...	1	...	1	1	...	55
" Females	...	...	1	1	5	10	14	4	6	5	3	49	49	...	...	...	...	...	...	33
Non-pulmonary Males	...	3	...	...	...	1	...	2	...	...	...	6	8	...	...	...	...	...	...	2
" Females	2	...	...	1	1	1	1	1	...	...	...	7	9	...	1	...	1	1	...	2

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns only.

*PRIMARY NOTIFICATIONS relate to patients who have not previously been notified in this or former years, either on Form A or on Form B, in the area to which the return relates. Any additional notification of a case which has been previously notified in the area is regarded as duplicate.

†A School Medical Inspector, or the Medical Officer of Health of a county, county borough, or other district, if acting as a School Medical Inspector, is required to notify on Form B all cases of tuberculosis discovered in the course of inspection of children attending public elementary schools whether or not these have previously been notified.

Cols. 2—13. Only those cases which have been notified for the first time during the year on Form A in the area concerned, and which have never previously been notified in the area, either on Form A or on Form B, are included in these columns.

Col. 14. The object of this column is to show the extent to which duplicate notification of the same case occurs on Form A, and all notifications on Form A, whether duplicate or not, are included in this column.

Cols. 15—18. Only those cases which have been notified for the first time during the year on Form B in the area concerned, and which have never previously been notified in the area, either on Form A or on Form B, are included in these columns.

Col. 19. All notifications which have been made during the year on Form B in the area concerned, whether the cases have previously been notified in the area, or not, either on Form A or on Form B, are included in this column.

Col. 21. Only notifications on Form C made by the Medical Officers of Sanatoria, as defined in the Tuberculosis Regulations, 1912, are entered in this column. (This column includes the following figures for Welford Road Hospital:—40, 21, 0, 1).

TABLE G. NORTHAMPTON, 1924.

HOUSING.

Number of new houses erected during the year :—

(a) Total	328
(b) With State assistance under the Housing Acts, 1919, 1923, or 1924 :—	
(i) By the Local Authority	150
(ii) By other bodies or persons	94

1.—*Unfit Dwellinghouses.*

Inspection—(1) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)...	2722
(2) Number of dwellinghouses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	173
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	6
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation.....	1214

2.—*Remedy of Defects without Service of formal Notices.*

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or its Officers ...	624
---	-----

3.—*Action under Statutory Powers.*

A.—Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919.

(1) Number of dwellinghouses in respect of which notices were served requiring repairs	0
(2) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(a) by owners	5*
(b) by Local Authority in default of owners	1*
(3) Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	0

B.—Proceedings under Public Health Acts.

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	553
--	-----

TABLE G.—*continued*.

(2) Number of dwellinghouses in which defects were remedied after service of formal notices* :—	
(a) by owners	622
(b) by Local Authority in default of owners	0
C.—Proceedings under sections 17 and 18 of the Housing, Town Planning, &c. Act, 1909.	
(1) Number of representations made with a view to the making of Closing Orders	6
(2) Number of dwellinghouses in respect of which Closing Orders were made	2
(3) Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered fit	0
(4) Number of dwellinghouses in respect of which Demolition Orders were made	0
(5) Number of dwellinghouses demolished in pursuance of Demolition Orders	0†

* See remarks on page 36.

† Four houses were demolished (see Table 30) where Closing Orders had been made only.

